

DEPT.-65

JOB- 28

REEL- 18

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

Record Identification

1. TITLE: Certificate of Live Birth		2. Form No. if available	3. Type—(cards, paper, etc.) Bound Book
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.	7. Number of copies made
8. Authorization Requested (check only one (1) of the squares below)			
A. Establish retention period for records which are accumulating daily. <input type="checkbox"/>	B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>	C. Microfilm and destroy originals. <input type="checkbox"/>	D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/> X
9. Recommended Retention Period		10. Equipment and space freed	11. In your opinion does this record have any historical significance?
a. In Dept. 70 yrs.	b. In Storage Center Micro. Perm.	c. Total and Micro. Perm.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> X
12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)			

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Fairlee
Commissioner of Health

3/28/63

Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. 70 yrs.	b. In Storage Center Microfilm Permanent	c. Total and Microfilm Permanent	A. To be sold as scrap or waste paper. <input type="checkbox"/>	B. To be Burned or shredded. <input checked="" type="checkbox"/> X	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>

REMARKS.

2 Negative Rolls
+ Positive Rolls

Records Management Officer

C. P. Poole

3/28/63

Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ...

3. *Date of Birth*,....4. *Place of Birth, (Street and Number) ..*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

S. Full Name of Father.

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH

74122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. child

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday, Dec. 21.

4. Place of Birth, (Street and Number) Jefferson St. No. 12.

5. Full Name of Mother, Maria M. Starkey

6. Mother's Maiden Name, Maria M. Wilderhand

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James M. Starkey

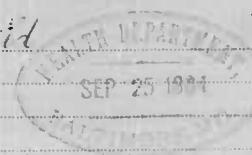
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Hemmister & A. George Delano.

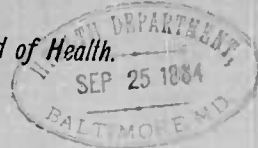
Address, Mulberry St. extended.

Remarks, in good health.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



7/4/12/3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 23*

4. Place of Birth (Street and Number) *455 Malheur St*

5. Full Name of Mother *Ida J. Weaver*

6. Mother's Maiden Name *Roman Weaver Ida J. Weaver*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Roman Weaver*

9. Father's Occupation *Black*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Robt K. Kearney
554 W. Fayette St.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP 26 1884

of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, Sept. 23, 1884

5. Place of Birth, (Street and Number) 2 Hill St.

6. Full Name of Mother, Rebecca Mitchell

7. Mother's Maiden Name, Erhardt

8. Mother's Birthplace, Baltimore

9. Full Name of Father, William Mitchell

10. Father's Occupation, Sailor

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough

Address, 220 Montgomery St.

Remarks,

74125

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 25 1884

2d

1. Sex (state whether male or female) Male - Bernard James Finnan
2. Race or Color, (if not of the white race) White
3. Date of Birth September 23^d 1884
4. Place of Birth, (Street and Number) Co. 251 Druid Hill Avenue
5. Full Name of Mother Mary Finnan
6. Mother's Maiden Name Mary Brayden
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Bernard Finnan Jr
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

John M. M. M. M. D.

Address

5 Franklin St.

Remarks

Remarks Full given name added by Finch upon applying for a transcript.

S. B. Smith

L. E. Helm - Bull Index Clerk.

August 27-1930.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

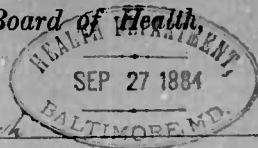
Missing

741.26 - 741.30, incl.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 74131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

W

3. Date of Birth

Sept 14 1884

4. Place of Birth, (Street and Number)

N 221 Madison Avenue

5. Full Name of Mother

Mary Shepherd

6. Mother's Maiden Name

Mary Porter

7. Mother's Birthplace

Pa

8. Full Name of Father

Charles Shepherd

9. Father's Occupation

Clerk

10. Father's Birthplace

Buck

Name of Medical Attendant, or other Person who makes this Return.

Dr H Patterson M D

Address

23 Franklin St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

74132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 116

1. Sex (state whether male or female)
2. Race or Color, (if not of the white race) W
3. Date of Birth Sept 14 1884
4. Place of Birth, (Street and Number) N. 44 S Poppleton st
5. Full Name of Mother Harriet Henderson
6. Mother's Maiden Name Harriet Brown
7. Mother's Birthplace Balto
8. Full Name of Father Andrew Henderson
9. Father's Occupation Clerk
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

J H Patterson M D

Address

23 Franklin

Remarks

ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child occurs within the month of January, the said certificate shall be delivered to the Office of the Commissioner of Health on or before the first day of February, and in any other month, on or before the first day of the following month. The practitioner shall also be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 11th child

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

As color

3. Date of Birth

18 of September

4. Place of Birth, (Street and Number)

No. 131 York Street

5. Full Name of Mother,

Graces B. Brown

6. Mother's Maiden Name,

Graces D. Wood

7. Mother's Birthplace,

West River

8. Full Name of Father,

John Brown

9. Father's Occupation,

Oyster Shuck

10. Father's Birthplace,

Baltimore M.D.

Name of Medical Attendant,

or other Person who makes this Return.

William Goss

Address,

No. 12 Fulton Alley

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no person be present to report the birth to the Commissioner, the parents of such child shall be liable to a fine of ten dollars for each offense to be recovered.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 20 September 1884

4. Place of Birth, (Street and Number) 19 Barnett St.

5. Full Name of Mother, Anna Schickling

6. Mother's Maiden Name, Johns

7. Mother's Birthplace, Germany

8. Full Name of Father, Germaine Van Dyke

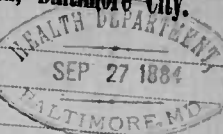
9. Father's Occupation, Architect

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Paroline Schickling

Address, Philadelphia

Remarks, Philip Schickling



GIVEN NAME ADDED 7-16-54 74135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Alice Davis Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 21st - 1884

4. Place of Birth (Street and Number)

No. 172 Hughes Street

5. Full Name of Mother

Alice P.

6. Mother's Maiden Name

Sauerhoff

7. Mother's Birthplace

Baltimore

Maryland

8. Full Name of Father

John W. Davis

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Maryland

Name of Medical Attendant, or other Person who makes this Return

Ridgely Hammond M.D.

Address

N. E. Cor. Calhoun & Hollins Sts.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificate, is given the first and third day of each and every month of the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to cause a certificate of birth to be made, and to file the same with the Board of Health within the period above provided, except in the cases of the birth and delivery of a stillborn child, in which case any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21st of September*

4. Place of Birth, (Street and Number) *268 Orleans St*

5. Full Name of Mother, *Annie Loper*

6. Mother's Maiden Name, *" Finckh*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. Loper*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Address, *125 N. Caroline St.*

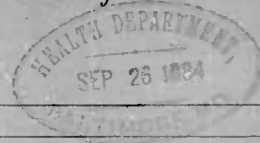
Remarks, _____



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 74137

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 September

4. Place of Birth, (Street and Number) 224 Caroline Street

5. Full Name of Mother Amalie Robert

6. Mother's Maiden Name Hingst

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Hingst

9. Father's Occupation

10. Father's Birthplace Bremen

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address 245 N. Wolfe Street.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

7/1138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth 24 September

4. Place of Birth, (Street and Number) 245 S. Wolfe Street

5. Full Name of Mother Agnes Kosciuska

6. Mother's Maiden Name Bartkowiak

7. Mother's Birthplace Przen Germany

8. Full Name of Father Jozef Bartkowiak

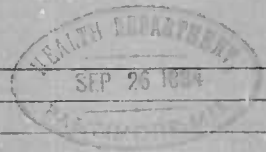
9. Father's Occupation

10. Father's Birthplace Przen Germany

Name of Medical Attendant, or other Person who makes this Return. Maria Gyllner

Address 245 S. Wolfe Street

Remarks



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25 of September*

4. Place of Birth, (Street and Number) *64 Highmore*

5. Full Name of Mother, *Hattie Goldberg*

6. Mother's Maiden Name, *" Grog*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Goldberg*

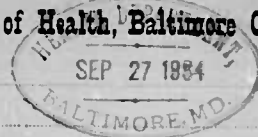
9. Father's Occupation, *Harness Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Address, *125 W. Caroline St.*

Remarks,



Birth of any child shall make it the duty of the parent or parents of such child to report its birth to the Board of Health within the period above prescribed, and to comply with the provisions of the Act in that behalf made, and to be subject to a fine of ten dollars if the parent or parents fail to do so.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th September 1894.

4. Place of Birth, (Street and Number) Farmers No. 126.

5. Full Name of Mother, Elizabeth Schneider

6. Mother's Maiden Name, Elizabeth A. Heim

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schneider

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Ida Hill

Address, No. 9 Washington Street

Remarks, Dr.

Birth of any child shall be reported to the Registrar of Vital Statistics, without the attendance of a physician, or of a practitioner of midwifery, or of any other person, who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother, or of the person who shall be in attendance upon the mother, to report the birth of the child to the Registrar of Vital Statistics, within the period above mentioned, and to furnish the Registrar with the information required by the Registrar, and to sign the certificate of birth, and to pay the fee thereon, and to be responsible for the same, and to be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without any certificate of birth, the mother shall be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and for each offence to be received by the Commissioner of Health, shall be subject to the fine of ten (10) dollars, and other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

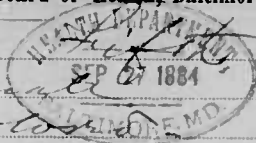
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

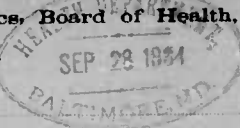
Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Color race
3. Date of Birth 22 of September, 1884
4. Place of Birth (Street and Number) 68 Taland Street
5. Full Name of Mother Louise Waters
6. Mother's Maiden Name Louise Doudy
7. Mother's Birthplace Lancaster, Ch. Vi.
8. Full Name of Father Gilbert Waters
9. Father's Occupation Drayman
10. Father's Birthplace Lancaster, Ch. Vi.
- Name of Medical Attendant, or other Person who makes this Return. Catherine Riley
- Address 44 Ward Street
- Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at the birth, the mother, immediately thereafter, it shall then become the duty of the person so present to call for a physician, or a practitioner of midwifery, and if the person so present fails to do so, he or she shall be liable to a fine of ten dollars, and any person or persons who shall be convicted of this offense shall be subject to a fine of ten dollars, and to imprisonment for a term not exceeding thirty days, or both, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *22nd Sept 1884*

4. Place of Birth, (Street and Number) *577 Light St*

5. Full Name of Mother, *Euphemia Lenny*

6. Mother's Maiden Name, *Euphemia Lenny*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Lenny*

9. Father's Occupation, *Popper*

10. Father's Birthplace, *Chesapeake*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

74146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth (1st)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd of September

4. Place of Birth, (Street and Number)

Baltimore City - 1373, East Fayette Street

5. Full Name of Mother,

Mrs. Ida Joe Palmer

6. Mother's Maiden Name,

Miss Ida C. Hatch

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Charles Geo. Palmer

Father's Occupation,

Lumber Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Henryetta Haselton

Address,

1373 E. Fayette Street

Remarks,

In good health



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and form provided by law, and in case of failure to do so, for each offence to be recorded as other data and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 23rd, 1884
4. Place of Birth, (Street and Number) 42 O. Collington Avenue
5. Full Name of Mother, Sarah Jeannette Hires
6. Mother's Maiden Name, Rowe
7. Mother's Birthplace, New Haven Conn.
8. Full Name of Father, Israel Clawson Hires
9. Father's Occupation, X Chester Co. Penna.
10. Father's Birthplace, X Captain of Steam Ship
- Name of Medical Attendant, or other Person who makes this Return, James E. Kane, M.D.
- Address, 417 E. Pratt Street
- Remarks, _____

verifiable, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be present at the birth, the person so present shall be liable to a fine of ten dollars, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Sept. 25th 84

4. Place of Birth, (Street and Number)

Maternite Hospital

5. Full Name of Mother,

Minnie Martin

6. Mother's Maiden Name,

"
Va.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

F. R. Nordmann M.D.

Address,

Remarks,

Infants of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be to attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to procure a certificate of birth, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Sept-1884
4. Place of Birth, (Street and Number) No 644 S. Charles st Baltimore
5. Full Name of Mother, Cecilia May Harrison
6. Mother's Maiden Name, Cecilia May. Earno.
7. Mother's Birthplace, New York State
8. Full Name of Father, Charles Harrison
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return, E. Hinton
- Address, No 658 South Charles st
- Remarks, _____



certificates, between the first and third day of each, and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, it shall then become the duty of the mother, or of the father, or of the person who has charge of the child, to call for a certificate of birth, within the period above specified, except in the cases of the births and deaths of children, which shall be subject to a fine of ten dollars for each certificate, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 26th 84

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Emma Kaplan

6. Mother's Maiden Name,

"Russia"

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. R. Nordmann M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) white

4. Date of Birth, Sept 26 1884

5. Place of Birth, (Street and Number) 162 Park Ave

6. Full Name of Mother, Name E. Lawrence

7. Mother's Maiden Name, " " " "

8. Mother's Birthplace, " " " "

9. Full Name of Father, Charles O. Lawrence

10. Father's Occupation, Broker

11. Father's Birthplace, Va

12. Name of Medical Attendant, or other Person who makes this Return

Address, C. B. Gamble M.D.
59 Cathedral

Remarks,

of the parents, and the maiden name of the mother of such child or children."

in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of this person or persons to immediately report the birth and death of the child to the Registrar, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, which offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Sept. 26 84

4. Place of Birth, (Street and Number)

Maternite Hospital

5. Full Name of Mother,

Louisa Fawcett

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Med.

8. Full Name of Father,

9. Father's Occupation,

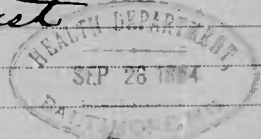
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. R. Nordmann M.D.

Address,

Remarks,



birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner, and duty of the person or persons so required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 27 1884

4. Place of Birth, (Street and Number)

164 Lanvale St.

5. Full Name of Mother,

Emma M. Glannon

6. Mother's Maiden Name,

Mullin

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Joseph W. Glannon

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Address,

506 Mad. Ave.

Remarks,



94155

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and with the period above required, and any such person or persons who shall be guilty of an infraction of this section, shall be subjected to the fine of ten (10) dollars for each such infraction to be recovered by the State.

4th

Female

2) Bk hite

Sep. 9th 1884

#12 Neighbor St

Mary Hinrichsen

Saulskie

Richard

Jacob Finerider

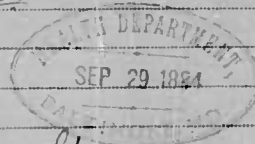
Sailor

Poland

Mrs Henry Hillquist

1525 Monument St.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person who is in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and shall be subject to the fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷⁴¹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep. 11th 1884

4. Place of Birth, (Street and Number) #156 Stirling St.

5. Full Name of Mother, Marguertha Krause

6. Mother's Maiden Name, Krause

7. Mother's Birthplace, Baravia

8. Full Name of Father, Joseph Krause

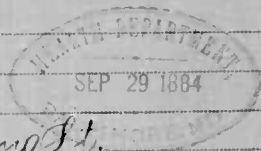
9. Father's Occupation, Shoe Factory

10. Father's Birthplace, Baravia

Name of Medical Attendant, or other Person who makes this Return, Mrs. Dena Kellegist

Address, 152 E. Monument St.

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to cause to be made and filed in the office of the Registrar of Vital Statistics, within the time and in the manner required, and any such person who neglects to do so shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sep. 13th 1884.*

4. Place of Birth, (Street and Number) *#150 E. Monument St.*

5. Full Name of Mother, *Ann Spies.*

6. Mother's Maiden Name, *"J. Haney.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Augustus Spies.*

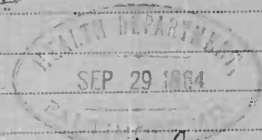
9. Father's Occupation, *Travelling Salesman.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Bena Stillegeist.*

Address, *1520 E. Monument St.*

Remarks, _____

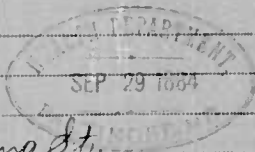


certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure a certificate of birth, and to file the same in the Office of the Commissioner of Health, and to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 14th. 1884
4. Place of Birth, (Street and Number) #23 S. Spring St.
5. Full Name of Mother, Maria Chagner
6. Mother's Maiden Name, Lott
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Chagner
9. Father's Occupation, Wagoner
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Rena Helquist
- Address, 182 G. Monmouth St.
- Remarks, _____



NOTICE

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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, or in attendance upon the mother, immediately before or after the birth, in the manner, and with the person or persons provided, except in the cases of the births and deaths of illegitimate children, and in such cases the physician or other person attending the birth or death shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 13th of September

4. Place of Birth, (Street and Number) 246 South T. St. E.

5. Full Name of Mother. Louise E. Miller

6. Mother's Maiden Name. Anna R. Brown

7. Mother's Birthplace. Baltimore

8. Full Name of Father. Albert J. Brown

9. Father's Occupation. Carpenter

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return E. J. Luman

Address. 16 827 Luman St. E.

Remarks.



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colord

SEP 29 1884

3. Date of Birth,

18 Septem

4. Place of Birth, (Street and Number)

Chestnut 149

5. Full Name of Mother,

Emma gamma

6. Mother's Maiden Name,

Emma handy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John handy

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Harriet Jackson

Address,

5 Forrest St

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Rare or Color*, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

1. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks,

[illegible]

1911 DISTRICT AND STATISTICS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden names of the mother of such child or children

RETURN OF A BIRTH.

74162

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Amulatta*
3. Date of Birth: *Sept. 17th 1864*
4. Place of Birth (Street and Number) *No. 78 St. Mary's St.*
5. Full Name of Mother *Julia A. Mason*
6. Mother's Maiden Name *Harris*
7. Mother's Birthplace *Taft Co. Ind*
8. Full Name of Father *Geo. A. Mason*
9. Father's Occupation *Marble Cutter*
10. Father's Birthplace *Cornell Co. Ind*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Merrick*
- Address *209 W. Middle St*
- Remarks

Birth of any child shall occur without the attendance of a physician or smeltificer of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 19th 1884

4. Place of Birth, (Street and Number) 387 Wisconsin

5. Full Name of Mother, Mary Graff

6. Mother's Maiden Name, Kinnell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. Graff

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, No 12 Patterson Park - av

Remarks, _____

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Office of the Commissioner of Health, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September the 20th

1884

SEP 29 1884

4. Place of Birth, (Street and Number)

89 Boyd St. Baltimore

5. Full Name of Mother,

Annie Doyle

6. Mother's Maiden Name,

Annie Morgan

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

William J. Doyle

9. Father's Occupation,

Horse Shoer

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return,

Susan Hunter

Address,

21 No. Poppleton St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, who shall then become the legal attendant upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of stillbirths, and of children born with the marks of a slave, in which cases the parent or parents shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Sept 10th 1884

4. Place of Birth, (Street and Number) 116 58 Prase St

5. Full Name of Mother, Tex Wharrior

6. Mother's Maiden Name, Tex Bailey

7. Mother's Birthplace, Chapel Hill N.C.

8. Full Name of Father, James Wharrior

9. Father's Occupation, Farmer

10. Father's Birthplace, U.S.

Name of Medical Attendant, or other Person who makes this Return E. J. Smith

Address, 116 58 77 Lombard

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother, or the father, or the mother and father, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 Oct 1884

4. Place of Birth, (Street and Number) 322 Queen's Alley

5. Full Name of Mother, Mary Bush

6. Mother's Maiden Name, Mary Bush

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Bush

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address, 69 Washington St

Remarks, Mary Koptish



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assure legibility and com-
pleteness.

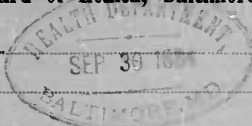
birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, and to file a true and correct copy of this Return, as required by law, and for each offence to be recorded as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

74167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wk

3. Date of Birth, 22 Oct 1884

4. Place of Birth, (Street and Number) 50 S. Bethel St

5. Full Name of Mother, Josephine Danc

6. Mother's Maiden Name, Josephine Martin

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jeph Danc

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Hopfisch

Address, 69 N. Washington St.

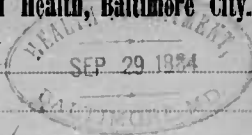
Remarks, Mary Hopfisch

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Sept 22

4. Place of Birth, (Street and Number) East St. Leonard St 28

5. Full Name of Mother, Maggie Chester

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, X

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson

Address, 5 Fairrest

Remarks, _____

should no other person be in attendance at the birth, and the mother shall, after becoming the duty of the parent or parents of such child to report its birth to the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and such mother fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or such other penalty to be recovered as other laws and laws are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 22d 1884

4. Place of Birth, (Street and Number) No 845 North M

5. Full Name of Mother, Marie Graf

6. Mother's Maiden Name, Marie Oswald

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Graf

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E. L. Langer

Address, No 845 North M

Remarks, _____



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pleteness.

RETURN OF A BIRTH ⁷⁴¹⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Oct 1884

4. Place of Birth, (Street and Number) 19 N. Charles St

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, Mary Ann

7. Mother's Birthplace, Germany

8. Full Name of Father, John Ann

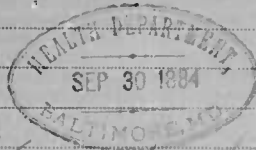
9. Father's Occupation, Carriage

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Wm. K. Smith

Address, 69 N. Washington St

Remarks, Mary Ann



Be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to report the birth to the Commissioner of Health, in the manner and within the period above required, and any neglect or failure to do so shall be deemed to be a violation of the provisions of this section, and shall be subject to the fine of ten (10) dollars for each child.

RETURN OF A BIRTH. 74'7'

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 22. day of September
4. Place of Birth, (Street and Number) No 1. E. 1st corner of Canton av
5. Full Name of Mother, Laisy Fink
6. Mother's Maiden Name, " Zimmerman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry J Fink
9. Father's Occupation, Barber
10. Father's Birthplace, ~~Germany~~ Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Her Wiley
- Address, No 12 Patterson Park av
- Remarks,

See attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who attend the birth to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not less than five dollars and not more than ten dollars, and the same shall be for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴¹⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 23 - 1894

4. Place of Birth, (Street and Number)

No 16 Weaver st.

5. Full Name of Mother,

Fallie Taylor

6. Mother's Maiden Name,

Ritchett

7. Mother's Birthplace,

America

8. Full Name of Father,

George Taylor

9. Father's Occupation,

Boiler maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaesser midwife

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH ⁷⁴¹⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 Oct 1884

4. Place of Birth, (Street and Number) 130

5. Full Name of Mother, Mary Lehke

6. Mother's Maiden Name, Mary Pundardie

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Michael Lehke

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who
makes this Return.

Address,

Remarks,

Mary Kopitz

69 N Washington St

Mary Kopitz



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and any person who fails to do so, or who reports a false statement, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

74175

SEP 29 1894

(c.) *1*
Heck

Holt

September 3, 1884

77 114 Chapel St.

James Gray

11 May
 Annie Handley
 81

Germany.

John Joseph Gray

1. *Sterculia*
Bastard

Baltimore Md

Carding Miller
11 5th St. N. W. Wash. D. C.

715 Walker St. Baltimore Md

CITY PRINTERS AND STATIONERS

Birth of any child shall occur without the attendance of a Physician or midwife, or should no other person be in attendance upon the birth, the person immediately thereafter it shall become the duty of the person so present to report the birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2302nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 24 - 1884

4. Place of Birth, (Street and Number)

No 1284 - Charles St.

5. Full Name of Mother,

Mary Martin

6. Mother's Maiden Name,

Stegmiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Martin

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer midwife

Address,

330 Hancock St.

Remarks,

RETURN OF A BIRTH

74177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 24th 1884

4. Place of Birth, (Street and Number)

12 Baker St

5. Full Name of Mother,

Lydian Ann Tracy

6. Mother's Maiden Name,

Baker

7. Mother's Birthplace,

Baltimore County, Md

8. Full Name of Father,

Henry Tracy

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

172 N. Carey St.

Remarks,

First Female Child

E. M. Face

In cases the birth of any child shall occur without the attendance of a physician, the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons designated by the Board of Health, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 24

4. Place of Birth, (Street and Number)

No 6 Concord St Mt Eager

5. Full Name of Mother,

Mrs Eliza Tierron

6. Mother's Maiden Name,

Eliza Dougherty

7. Mother's Birthplace,

Roscommon Ireland

8. Full Name of Father,

Michael Tierron

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Roscommon Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs Wooden

Address,

120 Lyceum Mount St

Remarks,

74179

[illegible]

Remarks,

RETURN OF A BIRTH ⁷⁴¹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25 Oct. 1884*

4. Place of Birth, (Street and Number) *37 Albert St.*

5. Full Name of Mother, *Francis Schurelle*

6. Mother's Maiden Name, *Francis Schurelle*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Joseph Schurelle*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return. *Mary Kiptisch*

Address, *67 N. Green St.*

Remarks, *Mary Kiptisch*



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations, and the person or persons failing to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered by the City of Baltimore, and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be present, the person or persons attending or such child, to report its birth to the Commissioner of Health, in the manner and within the period provided in this section, and the person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Oct 1884

4. Place of Birth, (Street and Number) 20 Bond St

5. Full Name of Mother, Mary Kieckhefer

6. Mother's Maiden Name, Mary Kieckhefer

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Kieckhefer

9. Father's Occupation, Steam Fitter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kieckhefer

Address, 69 N Washington St

Remarks, Mary Kieckhefer



RETURN OF A BIRTH ⁷⁴¹⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. the 25th 1884*

4. Place of Birth, (Street and Number) *No. 72 Central Ave.*

5. Full Name of Mother, *Elizabeth Line*

6. Mother's Maiden Name, *" Snider*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Line*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sophia Simon*

Address, *No. 70 Grand St.*

Remarks,



When of any child shall occur, without the parent or persons of such child, to be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to report its birth to the Commissioner of Health, and any such person failing to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered in any court of competent jurisdiction, and all other laws and regulations in force at the time of the birth of such child, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any court of competent jurisdiction.

Each of any child born in the city of Baltimore, the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period there required, and any person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth 30 1884

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 25th 1884

4. Place of Birth, (Street and Number)

244 William St

5. Full Name of Mother,

Luna J. Tolson

6. Mother's Maiden Name,

Luna J. Collins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. Tolson

9. Father's Occupation,

Barber Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Carttull

Address,

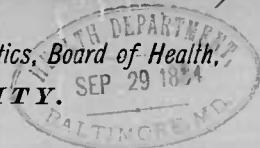
28 Warren Ave.

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 25th 1884

4. Place of Birth (Street and Number) 80 Read St

5. Full Name of Mother Maria Campbell Bond

6. Mother's Maiden Name Maria Campbell Munder

7. Mother's Birthplace Baltimore

8. Full Name of Father Nicholas Penniman Bond

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos F Munder M.D.

Address 80 Read St. Thos F Munder M.D.

Remarks

74185

BAIT b. L. Child

Female

25

Sept 25 - 1884

No. 121 Leadenhall st.

Linnaea, Reichb.

Steinweg

.....America.....

Anton Reichert

Bricklayer

America

A. Schwarz midwife

330 Hanover St.

[illegible]

Murphy & Co., City Printers and Stationers

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the person so attending shall be liable to a fine of ten (10) dollars for each offense to be recovered for each offense.

RETURN OF A BIRTH

74186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Oct 1884

4. Place of Birth, (Street and Number) 129 N Chapel

5. Full Name of Mother, Mrs. Ancka

6. Mother's Maiden Name, Kate Ancka

7. Mother's Birthplace, Poland

8. Full Name of Father, John Ancka

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, May Whitish

Address, 69 Washington St

Remarks, May Whitish



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a certificate of birth to be made and returned to the Office of the Commissioner of Health, in conformity with the provisions of this section, shall be subject to the fine of Ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 25th 1889

4. Place of Birth, (Street and Number)

Highlandtown

5. Full Name of Mother,

Basa Gensler

6. Mother's Maiden Name,

Beahm

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Gensler

9. Father's Occupation,

Labora

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Wiley

Address,

No 12 Patterson Park av

Remarks,

SEP 29 1889

BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address, *No 202 S. Dallas St*

Remarks

to be filled out by the practitioner in the form of a certificate between the first and third day of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above provided, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered in a summary proceeding, other than a summary proceeding, shall be subject to a fine of ten (10) dollars.

RETURN OF A BIRTH ⁷⁴¹⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 26th 1884*

4. Place of Birth, (Street and Number) *No. 1402 Hanover St.*

5. Full Name of Mother, *Ellen Quinney*

6. Mother's Maiden Name, *Christin J.*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Quinney*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *J. Schwaner midwife*

Address, *830 Hanover St.*

Remarks,

RETURN OF A BIRTH

74190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 30 1884

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept - 26th / 84

4. Place of Birth, (Street and Number)

1st door S. of Lombard St. in Dallas St. W. Side

5. Full Name of Mother,

Mary Thomas

6. Mother's Maiden Name,

"Easton" Ind.

7. Mother's Birthplace,

Not known

8. Full Name of Father,

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other Person who makes this Return

Louisa Leaton

Address,

Remarks,

In case the birth of any child shall occur without the attendance of a physician or midwife, the person or persons of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recorded, shall be subject to a fine of ten (10) dollars.

raphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Oct 1884

4. Place of Birth, (Street and Number) 24 N Duncan alley

5. Full Name of Mother, Lottie Wolf

6. Mother's Maiden Name, Lottie Sedlack

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Johann Wolf

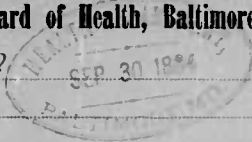
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptish

Address, 69 Washington St.

Remarks, Mary Koptish



74192

SEP 29 1874

SEP 29 1984

Sick

Philip

26th of September 1854.

46 North Ann street

Mary L. T. W.

Mary Fawcett

Baltimore

Col. W. French

Kosten

Baltimore

Ernestine K. Bond

77 North Chapel Street for positive transfer

Healthy

[illegible]

RETURN OF A BIRTH

74194

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP 30 1904

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept. 26

4. Place of Birth, (Street and Number)

#100 S. Dallas St.

5. Full Name of Mother,

Margaret Thomas

6. Mother's Maiden Name,

7. Mother's Birthplace,

Easton Maryland

8. Full Name of Father,

John Thomas

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Easton Maryland

Name of Medical Attendant, or other Person who makes this Return

Louisa Eaton

Address,

111 S. Dallas St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether male or female) *Male*
or Color, (if not of the white race) *White*
Birth, *September 28, 1884*
Birth, (Street and Number) *1014 S. Dallas St.*
of Mother, *Maggie McGee*
Name, *Maggie McGee*
Age, *24*
er of

SEP 28 1884

No. of Child of Mother, (state whether male or female)
Sex, (state whether male or female)
Race or Color, (if not of the white race)
Date of Birth, September 11
Place of Birth, (Street and No.)
Name of Mother

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)
2. Date of Birth, September 1901
Place of Birth, (State)
Full Name

3. Date of Birth, (if not of the white race) _____
4. Place of Birth, September _____
5. Full Name of Mother, (Street and _____)
Mother's _____

4. Place of Birth, (Street and Number)
5. Full Name of Mother, *Elizabeth M. M.*
6. Mother's Maiden Name, *Elizabeth M. M.*

5. Full Name of Mother. (Street and Number) *1234 Main St.*

6. Mother's Name of Mother, *Aggie M. D.*
7. Mother's Birthplace, *Ala.*
8. Full Name of Father, *John D.*

7. Mother's Maiden Name, Maggie
8. Full Name of Father, Maggie
9. Father's Occupation, Maggie

7. Mother's Maiden Name, *Maggie Mc*
 8. Full Name of Father, *James Mc*
 9. Father's Occupation, *Farmer*
 10. Father's Birth Name, *James Mc*

8. Full Name of Father *James Haggie*
9. Father's Occupation *Labo*
10. Father's Birthplace *Labo*
Name of Mother *Labo*
Address *Labo*

9. Father's Occupation, *Plumber*
10. Father's Birthplace, *Labrador*
Name of Medical Attendant, *Dr. J. H. H. H.*
Address, *Labrador*
Remarks, *Dr. J. H. H. H.*

No.	Sex	Age	Religion	Marital Status	Occupation	Birthplace	Medical Attendant	Address	Remarks
10.	Male	45	Protestant	Married	Farmer	Labrador	Dr. J. C. Martin	112 St. John's St.	

Occupation, Laborer
Name of Birthplace, Laborer
Address, Med. Dallas
Remarks, Med. Dallas

Name of Medical Attendant, *Dr. L. M. Morris*
 Address, *Beck's City*
 Remarks, *11 Dallas St. N.E.*
 or other Person who makes this return

Address, 116 Dallas St., Dallas, Tex.
Remarks, Medical Attendant, or other person who makes this return.

Remarks, *City of Dallas* *Attendant* *or other person who makes this return,* *City* *Mar 26*

...ent, or other person who
...ates this victim.
Dallas M. N. 26 Mary E.

Person who
has this
divulged.

54.1326 Mary E.

no
turns
of Mary E.

May 1.

1000

Notice of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or person who has the custody of the child, shall be liable to the penalty of the person or parent of such child, to report its birth in the Commissioner of Health, in the manner and within the time prescribed by law, and any person who fails to do so, or who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September the 28, 1884*

4. Place of Birth, (Street and Number) *S. Dallas St. No. 116*

5. Full Name of Mother, *Maggie Medicus*

6. Mother's Maiden Name, *Maggie Maysen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank L. Medicus*

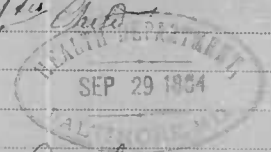
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *S. Dallas St. No. 26*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period there required, and any such person who fails to do so, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{tes} Kind*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Weiß

3. Date of Birth,

geboren den 27^{ten} September

4. Place of Birth, (Street and Number)

N^o 207 S. Regester Str

5. Full Name of Mother,

Chöte Dickson

6. Mother's Maiden Name,

Chöte Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bill Dickson

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address, *N^o 202 S. Talbot St.*

Remarks,

Hilfame

condition, was ever still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74197

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5-4-10th A.M. 27th September, 1881.
4. Place of Birth (Street and Number) 158 Madison St. Baltimore, Maryland
5. Full Name of Mother Carrie Elizabeth Gott
6. Mother's Maiden Name Carrie Elizabeth Gott
7. Mother's Birthplace Baltimore, Maryland
8. Full Name of Father William Hopkinson Gott
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore, Maryland.
Name of Medical Attendant, or other Person who makes this Return. Dr. J. Howard Smith
Address 23 W. Howard St.
Remarks

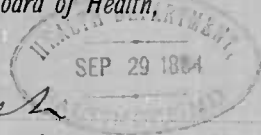
HEALTH DEPARTMENT
SEP 29 1881

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 28 1884*
4. Place of Birth (Street and Number) *Chestnut Court*
5. Full Name of Mother *Belle Jackson*
6. Mother's Maiden Name *Belle Braun*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Robert Jackson*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. A. Williams M.D.*
Address *150 N. Rutland St*
Remarks

Any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, and other laws and ordinances are enforceable.

RETURN OF A BIRTH⁷⁴¹⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 28, 1884*

4. Place of Birth, (Street and Number) *N. Chappel St. 192*

5. Full Name of Mother, *Emilie Obst*

6. Mother's Maiden Name, *Emilie May*

7. Mother's Birthplace, *Friedrichsgraben, Prussen, Germany*

8. Full Name of Father, *Joseph Obst*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Lübeck, Prussen, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Miller*

Address, *N. Chappel St. 192*

Remarks, _____

to birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall
in conformity with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be
recorded as other than and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

SEP 29 1884

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth

Sept. 28th 84

4. Place of Birth, (Street and Number)

Maternite Hospital

5. Full Name of Mother,

Emily Banks

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

J. R. Nordmann M.D.

Address,

Remarks,

RETURN OF A BIRTH 7/1201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 25th 1884

4. Place of Birth, (Street and Number) Goulds Lane

5. Full Name of Mother, Susan Conley

6. Mother's Maiden Name, Susan Cropper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Conley

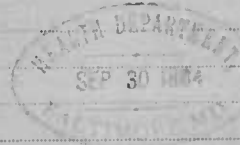
9. Father's Occupation, Can Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, No 10 Elys Street

Remarks,



RETURN OF A BIRTH ⁷⁴²⁰²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 26 1884

4. Place of Birth, (Street and Number) Hamburg St. No 75

5. Full Name of Mother, Margaret Cockeran

6. Mother's Maiden Name, Margaret Irwin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Cockeran

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No 10 Allys St.

Remarks,



RETURN OF A BIRTH

74103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 29 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28th Sept 1884

4. Place of Birth, (Street and Number)

510 Madison Ave

5. Full Name of Mother,

Elizabeth B. Bampf

6. Mother's Maiden Name,

" Bevan

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Little W. Bampf

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return

C. B. Gamble M.D.

Address,

59 Calverton

Remarks,

This or any other law or regulation of the State or Territory of this State or of any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September the 29, 1884*

4. Place of Birth, (Street and Number) *Fairmount St. No. 22*

5. Full Name of Mother, *Anna M. Schmeltz*

6. Mother's Maiden Name, *Anna M. Wahlmann*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Georg Schmeltz*

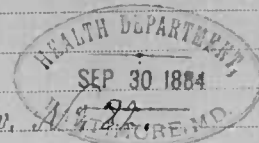
9. Father's Occupation, *Baker*

10. Father's Birthplace, *Ober Schmen Gr. Hesse, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *Dallas St. No. 26*

Remarks,



RETURN OF A BIRTH

74 205

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 2. 1884

4. Place of Birth, (Street and Number)

227 Lanvale St.

5. Full Name of Mother,

Florence J. Murray

6. Mother's Maiden Name,

Over

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Murray

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewer M.D.

Address,

68 McCulloch St.

Remarks.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provision of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 2nd 1884

4. Place of Birth, (Street and Number)

70 Payson St

5. Full Name of Mother,

Mary Agnes Baldwin

6. Mother's Maiden Name,

Mary Agnes Morrow

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William T. Baldwin

9. Father's Occupation,

Potter

10. Father's Birthplace,

Anne Arundel Co

Name of Medical Attendant,

or other Person who makes this Return.

Wm. C. Cuthbert

Address,

345 W. Lombard St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

7/4207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

OCT 1 1884

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept. 3rd 1884

4. Place of Birth, (Street and Number)

135 Sterling St.

5. Full Name of Mother,

Larah Gans

6. Mother's Maiden Name,

" Chase

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

Geo Gans

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

W. J. Bull

Address, 185 S.E. cor Central av. N. Monument St.

Remarks,

Well

RETURN OF A BIRTH 7/1208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

male

white

3 September 1884

85 Apple Avenue

Harrell

Rae

Mary Virginia

Baltimore

J. H. H. Harrell

Carpenter

Baltimore

Marbury Brown M.D.

68 McCulloch Jr.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

September 6 1884

4. Place of Birth, (Street and Number)

204 E. Fayette st

5. Full Name of Mother,

Virginia E. Wise

6. Mother's Maiden Name,

Block

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr & Mrs Jacob Wise

9. Father's Occupation,

Lumber Dealer

10. Father's Birthplace,

Australia

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address,

286 E. Donogh st

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 7th 1884

4. Place of Birth, (Street and Number)

67 Summer set St.

5. Full Name of Mother,

Ellen Deppert

6. Mother's Maiden Name,

Ellen Lambert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Deppert

9. Father's Occupation,

Schoolmaster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Bath

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

130 S. Spring St.

4. Place of Birth, (Street and Number)

Sept. 8th. 1884

5. Full Name of Mother,

Lizzie Krug

6. Mother's Maiden Name,

Bederhoph

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Erhard Krug

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

M. V. Butth

Address, *185 S.E. cor. Central av. V. Monument St.*

Remarks, *Well*

RETURN OF A BIRTH.

7/12/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

September 10. 1884

4. Place of Birth, (Street and Number)

10 Keyser st

5. Full Name of Mother,

Lulian A Gray

6. Mother's Maiden Name,

Ray

7. Mother's Birthplace,

Chancock I Gray

8. Full Name of Father,

Baltimore

9. Father's Occupation,

Bar tender

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 266 N. Donagh st

Remarks,

Be in attendance upon the mother, immediately after the birth of the child, in the manner and within the time required, and any such person who neglects to do so, or who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *L. Colored*
3. Date of Birth *September 10th. 1884*
4. Place of Birth, (Street and Number) *4 Union Court*
5. Full Name of Mother, *Erian Thomas*
6. Mother's Maiden Name, *Erian Gibson*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father, *late Geo. Thomas*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *W. A. Burr*
- Address, *185 S.E. cor Central av. & Monument St.*
- Remarks, *All Well*



Report for Birth to the Commissioner of Health, in the manner and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Sept. 11th. 1884

4. Place of Birth, (Street and Number)

160 East St.

5. Full Name of Mother,

Leana James

6. Mother's Maiden Name,

Leana Spencer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Loid B. James

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. A. B. M.

Address, *N 185 E. cor. Central av. & Monument St.*

Remarks, *All well*



In case of a birth to the Commissioner of Health, in the manner and within the period, above required, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

For the sake of convenience, the person who reports the birth to the Registrar of Health, in the map or card within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

74216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sep 11. '84

4. Place of Birth, (Street and Number)

170 N Wolfe St

5. Full Name of Mother,

Alie R Cooney

6. Mother's Maiden Name,

Harrison

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Wm D Cooney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, *286 N Donagh St*

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

September 12, 1884

4. Place of Birth, (Street and Number)

333 E Chase St

5. Full Name of Mother,

Annie C Carroll

6. Mother's Maiden Name,

Stewart

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George W Carroll

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Harry A Allwell

Address, 286 N Donagh St

Remarks,

74218

For persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the rest of text (no more)

0.12

Male

HEALTH DEPARTMENT
OCT 1 1884
884
MORE MD.

Sept 12th 1884

50 Parkview St

Lillie Lyburn

Lillian Matthews

Virginia

Christophers Lyburn

Traver

Baltimore

Arthur H. Colburn

343 W. Lombard St

Printed by the Government Printer, Wellington.

RETURN OF A BIRTH ⁷⁴²¹⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 14 1884

4. Place of Birth, (Street and Number)

535 Smith Hill Av.

5. Full Name of Mother,

Julie Jacobs

6. Mother's Maiden Name,

Lyons

7. Mother's Birthplace,

S. Carolina

8. Full Name of Father,

Frederick A. Jacobs

9. Father's Occupation,

Merchant

10. Father's Birthplace,

S. Carolina

Name of Medical Attendant, or other Person who makes this return

Wesbury Brewster
B. McCulloch Jr.

Address,

Remarks,



RETURN OF A BIRTH

74520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

1882 N. Paca St. Apr 14 1884

4. Place of Birth, (Street and Number)

188 N. Paca St.

5. Full Name of Mother,

Josephine Stanley

6. Mother's Maiden Name,

Butler

7. Mother's Birthplace,

Baer City

8. Full Name of Father,

Frank Stanley

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Marbury Brewster M.D.

Address

64 W. E. Cullott St.

Remarks

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Female 1884

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Shull's Lane W 21

4. Place of Birth, (Street and Number)

Sept 13th 1884

5. Full Name of Mother,

Rosa Mahone

6. Mother's Maiden Name,

Schreiber

7. Mother's Birthplace,

W 3 Baltimore Md

8. Full Name of Father,

Edward Mahone

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mrs J. H. Miller

Address,

48 Hollands St

Remarks,

report the birth to the Commissioner of Health, in the manner herein provided, and the person or persons who shall neglect to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 15th 84*

4. Place of Birth, (Street and Number) *Short St. No 45*

5. Full Name of Mother, *Harriet Fisher*

6. Mother's Maiden Name, *Hoffman*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Frederick Fisher*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Rose Wiley*

Address, *48 Hoffman St.*

Remarks,

reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

7/1/22 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Sept 15th 1884*

4. Place of Birth, (Street and Number) *Box 39 Walker St*

5. Full Name of Mother, *Louisa Smith*

6. Mother's Maiden Name, *Louisa Davis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm E. Smith*

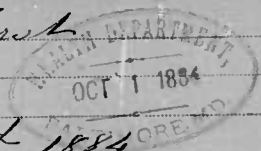
9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. W. C. Offner*

Address, *343 W. Lombard St*

Remarks,



RETURN OF A BIRTH

74224

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sep. 16. 1884*

4. Place of Birth, (Street and Number) *252 Myrtle av*

5. Full Name of Mother, *Clara Selzer*

6. Mother's Maiden Name, *Ritchie*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *W. Selzer*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Marbury Brown M.D.*

Address, *68 McCulloch St.*

Remarks.



RETURN OF A BIRTH.

74228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sep. 17. 1884

4. Place of Birth, (Street and Number)

461 E Chase st

5. Full Name of Mother,

Mary Hallon

6. Mother's Maiden Name,

Harrie

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

George S Hallon

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

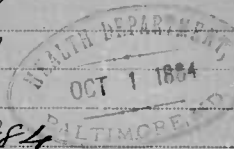
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 986 N Donagh st

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *711226*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Sept. 17. 1884

5. Place of Birth, (Street and Number)

157 Mosher Street

6. Full Name of Mother,

Lucy Emily Jones

7. Mother's Maiden Name,

Mills

8. Mother's Birthplace,

Georgia

9. Full Name of Father,

Walter Jones

10. Father's Occupation,

Teller in Bank

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Clarkey Brewster

Address,

68 McCall St.

Remarks,



RETURN OF A BIRTH ⁷⁴²²⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

Sep. 17. 1884

5. Place of Birth, (Street and Number)

299 Druid Hill Avenue

6. Full Name of Mother,

Emma Davenport

7. Mother's Maiden Name,

Love

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

J. C. Davenport

10. Father's Occupation,

Merchant

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Marbury Hewes, M.D.

Address.

68 Mc Culloch Jr.

Remarks.



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 121

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 18th. 1884

4. Place of Birth, (Street and Number)

1072 Monument St.

5. Full Name of Mother,

Amelia Hoeflich

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Unknown

9. Father's Occupation,

"

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

M. J. Burr

Address, 185 S.E. corner Central av. N. Monument St.

Remarks, All Well

MAILED

OCT 1 1884

BALTIMORE

RETURN OF A BIRTH

74229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

for

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

Sept. 18. 1854

5. Place of Birth, (Street and Number)

145 N. Paca

6. Full Name of Mother,

Mary E. Amos

7. Mother's Maiden Name,

Fillingim

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Wm. J. Amos

10. Father's Occupation,

clerk

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Newell

Address,

68 McCallum st.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20th of September

4. Place of Birth, (Street and Number) Baltimore Garden St. No. 1.

5. Full Name of Mother, Emma Elizabeth Shipley

6. Mother's Maiden Name, Emma Elizabeth Holland

7. Mother's Birthplace, Howard County Md

8. Full Name of Father, Walter Shipley

9. Father's Occupation, Walter

10. Father's Birthplace, Howard County Md

Name of Medical Attendant, or other Person who makes this Return, Mrs Emma Johnson

Address, 94 Tyron St

Remarks,

Report the birth to the Registrar of Health, in the manner and within the period above required, and pay the fee or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 20th. 1884

4. Place of Birth, (Street and Number)

No. Chester St.

5. Full Name of Mother,

Emma Lewis

6. Mother's Maiden Name,

Emma Ebron

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

August Lewis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Pratt

Address, *185 S. Central av. & Monument St.*

Remarks, *All Well.*

Be in attendance upon the mother, immediately thereafter if shall require the services of a physician, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be its attendances upon the mother, immediately thereafter, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, *185 E. Central av. Monument St.*

Remarks, *All well*

OCT 1 1884

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

74233

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 2, 1884

4. Place of Birth, (Street and Number)

*The facade of
Amanda Harris*

5. Full Name of Mother,

Shelton

6. Mother's Maiden Name,

Virginia

8. Full Name of Father,

Benjamin Harris

9. Father's Occupation,

Cypher Shucker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Ch. ed. se' station

Remarks,

J. H. Lyson

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who makes a false report, shall be subject to the fine of ten dollars for each offence.

RETURN OF A BIRTH

74234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 23 1884*

4. Place of Birth, (Street and Number) *45 N. Stricker St.*

5. Full Name of Mother, *Joanna E. Edew*

6. Mother's Maiden Name, *Hogue*

7. Mother's Birthplace, *Ohio*

8. Full Name of Father, *James A. Edew*

9. Father's Occupation, *Cattle Dealer*

10. Father's Birthplace, *Bald County*

Name of Medical Attendant, or other Person who makes this return *Marbury Brown M.D.*

Address, *68 McCulloch St.*

Remarks,

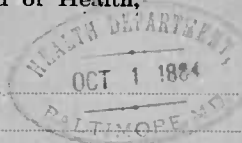


RETURN OF A BIRTH

74235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 25th 1884*

4. Place of Birth, (Street and Number) *No 446 1st ave.*

5. Full Name of Mother, *Christiana Weber*

6. Mother's Maiden Name, *Christiana Kratz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Weber*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Catharine Homing*

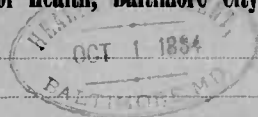
Address, *No 18 Byrd St.*

Remarks,

be in accordance with the provisions of this act, and any such person, who shall be liable to the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered, and other lines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 Apr

4. Place of Birth, (Street and Number) 2 A yan st

5. Full Name of Mother, Louise Schramm

6. Mother's Maiden Name, Louise Schramm

7. Mother's Birthplace, Germany

8. Full Name of Father, Dr. P. Schramm

9. Father's Occupation, Doctor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Arthur Weiss

Address, 1 Lareauville St

Remarks,

300

Report in Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.0
1. Sex, (state whether male or female) Male ~~female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3 OCT 1 1884
4. Place of Birth, (Street and Number) 361 Sharp St.
5. Full Name of Mother, Cathrin Schueler
6. Mother's Maiden Name, Burger
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Louis Schueler
9. Father's Occupation, Cigar Making
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. Munn
- Address, 1 S. Calverton Ave
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, *Marion*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

OCT 1 1884

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 5

4. Place of Birth, (Street and Number)

571 Wm's St. An

5. Full Name of Mother,

Mary Hoffman

6. Mother's Maiden Name,

Anderson

7. Mother's Birthplace,

Princeton N J

8. Full Name of Father,

Philip Hoffman

9. Father's Occupation,

Samyer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Wm Wilson

Address,

251 Wm's St. An

Remarks,

in attendance upon the birth of a child, shall report the birth to the Commissioner of Health, in the manner and within the period also required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered in other fines and forfeitures are recordable.

RETURN OF A BIRTH

74239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

Born on 8th of September

4. Place of Birth, (Street and Number)

No. 18 1/2 Street alley between Hamilton and Cross

5. Full Name of Mother,

Minnie Schoen

6. Mother's Maiden Name,

Minnie Bernhardt

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

John Schoen

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Born in Germany

Name of Medical Attendant, or other Person who makes this Return,

Dr. M. M. M. M.

Address,

1200 1/2 St. W.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of Health, in case the
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons failing to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered in a summary proceeding, and other laws and ordinances are recoverable.

RETURN OF A BIRTH

74240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9th September*
4. Place of Birth, (Street and Number) *No 100 Dillen St. Canton*
5. Full Name of Mother, *Sydney Schmidt*
6. Mother's Maiden Name, *= Meisenfelder*
7. Mother's Birthplace, *North Point Md*
8. Full Name of Father, *John Schmidt*
9. Father's Occupation, *Schmidt*
10. Father's Birthplace, *Badaria Germ*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Behnken*
- Address, *No 434 Lancaster St.*
- Remarks, *Canton*



RETURN OF A BIRTH

74241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 10th

4. Place of Birth, (Street and Number) 128 West St

5. Full Name of Mother, Mary Ais

6. Mother's Maiden Name, Mary Becker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Casper Ais

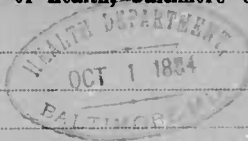
9. Father's Occupation, ~~Butcher~~ Grocer & Dealer

10. Father's Birthplace, Newark, N. J.

Name of Medical Attendant, or other Person who makes this Return, Dr. Wm. H. Wiegand

Address, 1 Lovejoy St. N. W.

Remarks,



Birth of any child shall occur without the attendance of a Physician or Irregular Practitioner of Medicine, or should no other person be present, the birth shall be reported to the Registrar of Vital Statistics, Board of Health, by the mother and within the period of ten days after the birth, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

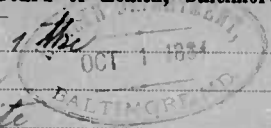
Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH

7/12/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of September*
4. Place of Birth, (Street and Number) *No 24 Essex St.*
5. Full Name of Mother, *Mary Williamsen*
6. Mother's Maiden Name, *= Kerkuly*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Wilhelm Williamsen*
9. Father's Occupation, *Labeler*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. G. Retzken*
- Address, *No 434 Lancaster St*
- Remarks, *Ganton*



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to give notice of its birth to the Registrar of Vital Statistics, and the person or persons so giving notice shall be liable to the fine of ten (\$10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13th September

4. Place of Birth, (Street and Number) No 346 south Sharp St.

5. Full Name of Mother, Mrs. Henry Rausch

6. Mother's Maiden Name, Mary Auer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Rausch

9. Father's Occupation, Piano-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Rudolf Muehl

Address, 1. S. E. 2nd St. N.

Remarks,

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure a certificate of birth, and to file the same in the Office of the Registrar of Vital Statistics, and any such person who neglects to do so, shall be liable to a fine of ten (\$10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th September

4. Place of Birth. (Street and Number)

337 Canton Avenue

5. Full Name of Mother,

Kathie Diggs

6. Mother's Maiden Name,

Regener

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Diggs

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

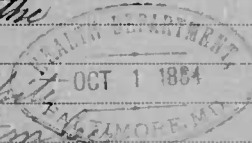
Mrs E. Behnken

Address,

434 Lancaster St

Remarks,

Canton



Birth of any child shall occur without the attendance of a physician or person authorized to practice midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the father, or of the person who reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, other fines and forfeitures are recoverable.

RETURN OF A BIRTH

741245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th September*

4. Place of Birth, (Street and Number) *48 Robt St.*

5. Full Name of Mother, *Kunigunde Ott*

6. Mother's Maiden Name, *= Kremer Kremer*

7. Mother's Birthplace, *Legritsch Bavaria*

8. Full Name of Father, *John Ott*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Stücht Bavaria*

Name of Medical Attendant, or other Person who makes this Return, *Mrs E. Behnkem*

Address, *434 Lancaster St*

Remarks, *Caution*



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

2. *Race or Color, (if not of the white race).*

3. *Date of Birth*_____

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,...

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of not more than \$100, and shall be subject to the fine of (on) \$10 dollars for each offense to be recovered in any other place and for future are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth

22 Sept.

4. Place of Birth, (Street and Number)

25 Lombard

5. Full Name of Mother,

Mary Sines

6. Mother's Maiden Name,

Sullivan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Sines

9. Father's Occupation,

Salooner

10. Father's Birthplace,

Ireland

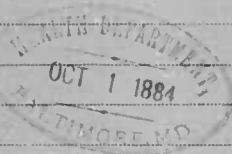
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

25 E. Lombard street

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and every physician, midwife or person who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 22

4. Place of Birth, (Street and Number)

Madison Ave

5. Full Name of Mother,

Bella Webb

6. Mother's Maiden Name,

Morrison

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Geo S Webb

9. Father's Occupation,

Insurance Agent

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wilson

Address,

251 Mad. Ave

Remarks,

copy of this record to the parent or guardian of such child to report its birth to the Board of Health, in the manner, and within the period, herein provided, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 22^d 1884

4. Place of Birth, (Street and Number)

203 Dolphin Street Balto

5. Full Name of Mother,

Sallie M. Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

Roanoke Virginia

8. Full Name of Father,

Rev. B. Brown

9. Father's Occupation,

Minister

10. Father's Birthplace,

Roanoke Virginia

Name of Medical Attendant, or other Person who makes this Return

Herter Colence

Address,

38 Commencement Street

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

24 Sept.

4. Place of Birth, (Street and Number)

5- Fayette

5. Full Name of Mother,

Helen Salagebes

6. Mother's Maiden Name,

Endline

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Salagebes

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22. E. Lombard street

Remarks,



RETURN OF A BIRTH ⁷⁴²⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 24th of September
 4. Place of Birth, (Street and Number) 33 Robt St.
 5. Full Name of Mother, Auguste Albion
 6. Mother's Maiden Name, = Hilbrandt
 7. Mother's Birthplace, Lutterbach Hannover (Germ)
 8. Full Name of Father, Heinrich Albion
 9. Father's Occupation, Labeln
 10. Father's Birthplace, Espol Hannover (Germ)
- Name of Medical Attendant, or other Person who makes this Return, Mrs. G. Behnen
- Address, 434 Lancaster St.
- Remarks, Ganton



In accordance with the provisions of the Act of the Board of Health, passed the 14th day of March, 1893, the duty of the parent or person of such child, to report its birth to the Commissioner of Health, in the manner and within the period there provided, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74252

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th
Male,



Sept. 25. 1884
122 S. Green St.
Barbara Lewis Walters
Lewis
Balt. Md.
Wm. J. Walters
Baker
Balt. Md.
C. G. Runk M.D.
Balt. & Wash. St.
Paternal

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

Exp 25 1884

4. Place of Birth, (Street and Number)

71 Baltimore

5. Full Name of Mother,

Margaret Palmer

6. Mother's Maiden Name,

Shaden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Palmer

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Gray

Address,

193 Ches

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and for each failure to do so shall be liable to a fine of ten dollars, which shall be subject to the fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

OCT 1 1884

48

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁷⁴²⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-

OCT 1 1884

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth 26 Sept
4. Place of Birth, (Street and Number) 196 Canale
5. Full Name of Mother, Annie Mohlen
6. Mother's Maiden Name, Durne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bartholama Mohlen
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address, 22 E. Lombard street
- Remarks, _____

require the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

OCT 1 1884

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28 1884

4. Place of Birth, (Street and Number)

W. Wolf St No 8

5. Full Name of Mother,

Elisabeth Wiersman

6. Mother's Maiden Name,

Weller

7. Mother's Birthplace,

Baden Germany

8. Full Name of Father,

John Wiersman

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Ullig

Address,

48 Holland St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the time provided above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/1/87}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 26th 84

4. Place of Birth, (Street and Number) Granby St- 45

5. Full Name of Mother, Bertha Platt

6. Mother's Maiden Name, " Shultz

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Platt

9. Father's Occupation, Labourer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. M. M. M.

Address, 48 H. M. M. M.

Remarks,

74.255

Board of Health,

OCT 1 1884

- #### POSTING AND STAYING

RETURN OF A BIRTH

74259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

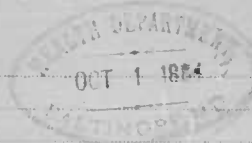
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female
white
27 September
Ann near Biddle St.
Minna Febig
Minna Krüger
Lantzig Prussia Germany
Jacob Febig
Bier Brewer
Schleusingen Prussia
Germany.



RETURN OF A BIRTH

74260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 27th 1884

4. Place of Birth, (Street and Number)

1072 Dunderberg

5. Full Name of Mother,

Lizer Megaw

6. Mother's Maiden Name,

Lizer Murphy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Mc Megaw

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who
makes this Return

Catharine Gorman

Address,

No 18 Byrd st.

Remarks,



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of those who are exempted from such duty by law, and that any person or persons who fail to do so, or who furnish false information, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Waller & Maryland 2

1. Sex, (state whether male or female)

males

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

September 27th 1884

4. Place of Birth, (Street and Number)

535 No 8 Elderly street

5. Full Name of Mother,

Louise F. Lee

6. Mother's Maiden Name,

Louise F. Lee

7. Mother's Birthplace,

East shore Maryland

8. Full Name of Father,

Henry F. Lee

9. Father's Occupation,

Liberator

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

Luzan Morgan

Address,

47 Ford Durham street

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Sept. 27, 1884 - 11⁴⁵ P.M.*

4. Place of Birth, (Street and Number) *382 Druid Hill Ave*

5. Full Name of Mother, *Alice Markell Saloner*

6. Mother's Maiden Name, *Alice Markell*

7. Mother's Birthplace, *Baltimore City, Md*

8. Full Name of Father, *Charles E. Saloner*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Washington, D.C.*

Name of Medical Attendant, or other Person who makes this Return. *E. G. Watson, M.D.*

Address, *No 216 McCulloch St. Baltimore*

Remarks,

report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74264

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep 27. 1884

4. Place of Birth, (Street and Number)

N. E. Broadway + Church

5. Full Name of Mother,

May Russell

6. Mother's Maiden Name,

Levin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank L. Russell

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Russell
G. W. Cullough

Address.

Remarks.

Page 100 in Part 1 to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to this fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

7/12/65
4th 1964
Female

Sep 28
201 Sanvale St
Annie Hewlett
Torris
Virginia
Jas H Hewlett
Merchant
Balt.
H M Wilson
201 N. An

RETURN OF A BIRTH

74266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

28

4. Place of Birth, (Street and Number)

275 Mulberry St

5. Full Name of Mother,

Lizzie C. H.

6. Mother's Maiden Name,

Lizzie Hackett

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John C. H.

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. March

Address,

No. 1 Leadenhall

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered in other laws and ordinances are recorded.

Report the birth to the Registrar of Vital Statistics, Board of Health, in the manner hereinafter provided, and secure the issue of the birth certificate, which is a valuable document, and which should be preserved as a permanent record of the birth, and which may be required for other purposes, and which may be required for other purposes, and which may be required for other purposes.

RETURN OF A BIRTH.

74267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

September 28 1884

4. Place of Birth, (Street and Number)

908 Front St

5. Full Name of Mother

Kate Wernsing

6. Mother's Maiden Name

Strockhauer

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Wm. Wernsing

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Harry A. Adwell

Address, 286 M^r Donogh st

Remarks

present its clerk to the Commissioner of Health, in the manner and within the period above required, and as such return
or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

74268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

28 Sept.

4. Place of Birth, (Street and Number)

Highlandtown

5. Full Name of Mother,

Katie Schlunderberg

6. Mother's Maiden Name,

Engel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Schlunderberg

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22 E. Lombard

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴³⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

28 Sept.

4. Place of Birth, (Street and Number)

48 Granberry

5. Full Name of Mother,

Sizzie Grogen

6. Mother's Maiden Name,

Murran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Grogen

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22 Lombard street

Remarks,



RETURN OF A BIRTH 74270

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

105th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

28th Sep 1884

4. Place of Birth, (Street and Number)

Vincent 415th East N. of Market St

5. Full Name of Mother,

Kannah Fisher

6. Mother's Maiden Name,

Same

7. Mother's Birthplace,

Frederick Co Md

8. Full Name of Father,

Samuel Mowell

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return

Wm J. Evans M.D.

Address,

240 N. Carroll St

Remarks,

Infant has tub. 55 yrs of age -

R. H. C.

any of the parent or parents of such child to report its birth to the Board of Health, in the manner herein provided, except in the cases of the birth of illegitimate children, and within the period above required, except in the cases of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 - birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *1 September*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Maracetha Brendel*

6. Mother's Maiden Name, *" " Bitz*

7. Mother's Birthplace, *Hofstadt - Baieren - Germany*

8. Full Name of Father, *Johann Brendel*

9. Father's Occupation, *Shoemaker*

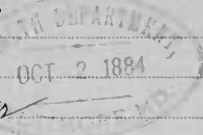
10. Father's Birthplace, *Difenhofstadt - Baieren - Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dr. Lumbard St. No. 248



RETURN OF A BIRTH 74272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, September 1st 1884

4. Place of Birth, (Street and Number) 18 W. Mulberry St.

5. Full Name of Mother, Eva Dietrich

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, New Amsterdam

8. Full Name of Father, Frank Dietrich

9. Father's Occupation, Tailor

10. Father's Birthplace, Bremen

Name of Medical Attendant, or other Person who makes this Return

Address, 4015 S. Monmouth St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷¹⁴²⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 3rd 1884 OCT 2 1884
4. Place of Birth, (Street and Number) 80 Battery Av.
5. Full Name of Mother, Emma Murphy
6. Mother's Maiden Name, " Sanks.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Nich^l. Murphy.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto. City.
- Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall. M.D.
- Address, 132 Sharp. St.
- Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *mal*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *3 September*

4. Place of Birth, (Street and Number) *W. 1st St. No. 29*

5. Full Name of Mother, *Mariani Murphy*

6. Mother's Maiden Name, *" " Callinan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Patric Murphy*

9. Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mrs. Brance*

Remarks, *See Records No. 288*

Report is birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *4 September*
4. Place of Birth, (Street and Number) *Dumbarton St. 144*
5. Full Name of Mother, *Mrs. Muller*
6. Mother's Maiden Name, *Schmid*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Carl Muller*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. M. M. M.*
- Address, *Long St. No. 288*
- Remarks, *Long St. No. 288*

OCT 2 1884

report its birth to the Commissioner of Health, in the manner and within the period above required, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *4 September 1884*

4. Place of Birth, (Street and Number) *Lombard St. No 224*

5. Full Name of Mother, *Mari Schind*

6. Mother's Maiden Name, *Millerhand*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Schind*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. J. M. Jones*

Address, _____

Remarks, *Lombard St. No 228*

report the birth to the Commissioner of Health, in the manner and within the period therein prescribed, or such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

OCT 2 1884

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 5-1884

4. Place of Birth, (Street and Number)

85 - Barr St.

5. Full Name of Mother,

Catherine E. Bounds

6. Mother's Maiden Name,

" " Newton

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

William E. Bounds

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this return,

R. J. N. Tall M.D.

Address,

1528 Sharp St.

Remarks,

RETURN OF A BIRTH ⁷⁴²⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Birth
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 September
4. Place of Birth, (Street and Number) Douglas St. No. 21
5. Full Name of Mother, Henriette Roth
6. Mother's Maiden Name, Busch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Franz Roth
9. Father's Occupation, _____
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. Brown
- Address, _____
- Remarks, Lu 21 Card St. No 248

Report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴²⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 8th 1884

4. Place of Birth, (Street and Number)

No 7 Patungent street canton

5. Full Name of Mother,

Bridget Oconnor

6. Mother's Maiden Name,

Bridget Omeal

7. Mother's Birthplace,

County Galway Ireland

8. Full Name of Father,

James Oconnor

9. Father's Occupation,

Laborer

10. Father's Birthplace,

County Cork Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullins

Address,

104 Burley street

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who so reported, and the physician, shall be subjected to the fine of ten (10) dollars for each failure to be reported as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

74380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is 1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 9th 1884*

4. Place of Birth, (Street and Number) *N 33 Elliott street*

5. Full Name of Mother, *Rosetta Cunningham*

6. Mother's Maiden Name, *Rosetta Turner*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Cunningham*

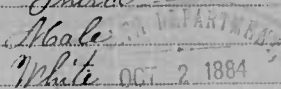
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Cullens*

Address, *104 Burley street*

Remarks,



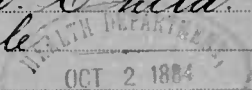
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore or hereafter wilfully neglect or refuse to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

74281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *September 10th.*
4. Place of Birth, (Street and Number) *124 Maryland Ave.*
5. Full Name of Mother, *Laura Williams.*
6. Mother's Maiden Name, *Welsh.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Albert Williams.*
9. Father's Occupation, *Telegraph Operator.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby*
- Address, *369 Cathedral St.*
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

74282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *11 September*

4. Place of Birth, (Street and Number) *Harford-st. No 541*

5. Full Name of Mother, *Eari Dewes*

6. Mother's Maiden Name, *" Heller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Dewes*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Bauer*

Address, _____

Remarks, *Leeward St. No 211*

DEPARTMENT
OCT 2 1884
CITY OF BALTIMORE

RETURN OF A BIRTH 7428B

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

12 September 1884

4. Place of Birth, (Street and Number)

Columbia Avenue 193

5. Full Name of Mother,

Anne Himmel

6. Mother's Maiden Name,

Lina Gruber

7. Mother's Birthplace,

Mainzheim - Bavaria

8. Full Name of Father,

Franz Conrad Himmel

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Sub. Bavaria

Name of Medical Attendant, or other Person who makes this Return

L. S. Reinhard

Address,

205 W. E. and St. St.

Remarks,

It is the duty of the person or persons, or any such person, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH

74284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sept. 12th 1884
4. Place of Birth, (Street and Number) 152 Leadenhall St.
5. Full Name of Mother, Margaret Flynn
6. Mother's Maiden Name, " Kenney
7. Mother's Birthplace, Baltic City
8. Full Name of Father, James Flynn
9. Father's Occupation, Grocer & Liquor
10. Father's Birthplace, Baltic City
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. A. Tall, M.D.
- Address, 156 Sharp St.
- Remarks, _____

RETURN OF A BIRTH ⁷⁴²⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 12, 1884

4. Place of Birth, (Street and Number)

N. 101. Lombard St.

5. Full Name of Mother,

Annie Klamm.

6. Mother's Maiden Name,

Munn.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Klamm.

9. Father's Occupation,

Lebores.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Annie Linhart

Address,

N. 75 S. Newwood.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

74286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 September

4. Place of Birth, (Street and Number)

218 Stewart St

5. Full Name of Mother,

Mary Jane

6. Mother's Maiden Name,

Landis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Henry

9. Father's Occupation,

Architect

10. Father's Birthplace,

Baltimore

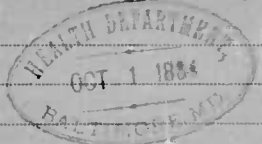
Name of Medical Attendant, or other Person who makes this Return,

Arthur M. M. M.

Address,

1 South Street W.

Remarks,



RETURN OF A BIRTH

74287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

First
Male

White

13th Sept.

46 Frederick St.

Mrs Bertha Villars

Miss Bertha Serbach

Baltimore Md

Mr. Daniel Villars

Clerk

Baltimore Md

Mrs Lindner

W. B. H. H. H. H.

RETURN OF A BIRTH

74288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 6 - 1884

4. Place of Birth, (Street and Number) 37 Bank St.

5. Full Name of Mother, Juliana Grill

6. Mother's Maiden Name, Schmaell

7. Mother's Birthplace, Ungaria

8. Full Name of Father, Frank Grill

9. Father's Occupation, Cabinet-Maker

10. Father's Birthplace, Ungaria

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E Pratt St.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner provided in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, or other fines and penalties as may be provided by law.

should not other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, in which cases the said Registrar shall be notified by the authorities of the City of Baltimore, and the said Registrar shall be subject to a fine of ten dollars for each failure to be received as either true and penalties thereon as provided in the several Acts of the General Assembly.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 10th 1884
4. Place of Birth. (Street and Number) 110 Stricker St
5. Full Name of Mother, Catharine Queen
6. Mother's Maiden Name, Catharine Kennedy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mat Queen
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. S. Haller
- Address, No 797 Pratt St
- Remarks,

RETURN OF A BIRTH ⁷⁴²⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sep 12 - 1884

4. Place of Birth, (Street and Number) 35 Stiles St.

5. Full Name of Mother, Maggi Finner Keefe

6. Mother's Maiden Name, Finn

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William G. P. Keefe

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St.

Remarks, _____

Report the birth to the Commissioner of Health, to the Registrar and within the period specified in the provisions of this section, shall be subjected to this fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

OCT 2 1884

BALTIMORE MD

RETURN OF A BIRTH ⁷⁴²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female)

Female

OCT 2 1884

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 Sep 1884

4. Place of Birth, (Street and Number)

108 d. Grafton St.

5. Full Name of Mother,

Justina ~~Ross~~ Kara

6. Mother's Maiden Name,

Ross

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Kara

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Madeira Portugal

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Stein

Address,

101 E Pratt St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of age and legal mind who shall be present at the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by civil process and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴²⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 1st 1884

4. Place of Birth, (Street and Number)

14 Hull st

5. Full Name of Mother,

Mary Eberman

6. Mother's Maiden Name,

Roff

7. Mother's Birthplace,

City

8. Full Name of Father,

Fredrick Eberman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Getz

Address,

120 Bank st.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to register the birth of the child, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

no fee is charged upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to
or persons who shall hereafter fall to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered, neither fines and forfeitures are recoverable.

RETURN OF A BIRTH

74294
74293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *September 1st 1884*

4. Place of Birth, (Street and Number) *113 S Register st*

5. Full Name of Mother, *Anna M Reimig*

6. Mother's Maiden Name, *" " Traeger*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Peter Reimig*

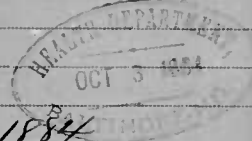
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs E Peters*

Address, *120 Baithe st*

Remarks, _____



Physician or practitioner of midwifery, or should to other persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to sign and file a true and correct copy of this return, and in case of refusal or neglect to do so, shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH.

74294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Gottfried Augustus Ott*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *September 13th 1884*
4. Place of Birth, (Street and Number) *569 Fulton St*
5. Full Name of Mother, *Lizzie Ott*
6. Mother's Maiden Name, *Lizzie (Buck) Bach*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Fred Ott*
9. Father's Occupation, *Bar Keeper*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Wm W. Mesenzehl*
Address, *366 Penna Ave*

Remarks,

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered. Mother here and father are not required.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, September 4th 1884
4. Place of Birth, (Street and Number) 185 S. Ann. St. East
5. Full Name of Mother, Eliza Schlegel
6. Mother's Maiden Name, " Schwartz
7. Mother's Birthplace, City
8. Full Name of Father, Frank Schlegel
9. Father's Occupation, Pickler
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Betz
- Address, 120 Bank St.
- Remarks, _____

In all cases where the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 11th 1884

4. Place of Birth, (Street and Number)

136 S. Register St.

5. Full Name of Mother,

Catharina Neuschaeffer

6. Mother's Maiden Name,

Schumann

7. Mother's Birthplace,

City

8. Full Name of Father,

Julius Neuschaeffer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Elisabeth Watz

Address,

120 Bank St.

Remarks,

Missing

74297

It is the duty of the mother, immediately thereafter, to report the birth to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered with other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴²⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 16th 1884

4. Place of Birth, (Street and Number)

159 Columbia Av.

5. Full Name of Mother,

Amelia Mohlenrick

6. Mother's Maiden Name,

Burner

7. Mother's Birthplace,

Balti. City

8. Full Name of Father,

Henry Mohlenrick

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

Balti. City

Name of Medical Attendant, or other Person who makes this Return,

R. J. W. Tall. M.D.

Address,

152 Sharp St.

Remarks,

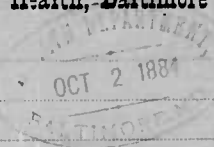
any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

74299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 September 1884
4. Place of Birth, (Street and Number) 36 Mount St.
5. Full Name of Mother, Bertha P. Martin
6. Mother's Maiden Name, Bertha P. Henke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Martin
9. Father's Occupation, agent
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Wm. S. 1884
- Address, No 797 Pratt St.
- Remarks,



It is the duty of the mother, immediately thereafter, to report the birth of the child to the Registrar of Vital Statistics, and any person who fails to do so shall be liable to a fine of not less than \$10 nor more than \$50, and the Registrar may, in his discretion, require the mother to produce the child for examination, and if she fails to do so, the Registrar may, in his discretion, require the mother to produce the child for examination, and if she fails to do so, the Registrar may, in his discretion, require the mother to produce the child for examination.

RETURN OF A BIRTH

74200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, September 17, 1884

4. Place of Birth, (Street and Number) 208 Canton Ave

5. Full Name of Mother, Maria Schwartz

6. Mother's Maiden Name, Wilhelmina

7. Mother's Birthplace, _____ City of

8. Full Name of Father, Daniel Schwartz

9. Father's Occupation, Potter

10. Father's Birthplace, _____ City of

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth B. B.

Address, 120 Bank St.

Remarks, _____

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Sept. 17th 1884*
4. Place of Birth, (Street and Number) *138, S. Sharp, St.*
5. Full Name of Mother, *Laura Hardesty*
6. Mother's Maiden Name, *" Blackiston*
7. Mother's Birthplace, *Balto. City*
8. Full Name of Father, *James K. Hardesty*
9. Father's Occupation, *Provisions*
10. Father's Birthplace, *S. Arundel, Cal. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *R. J. H. Tall. M. D.*
- Address, *152 Sharp, St.*
- Remarks, *\$*

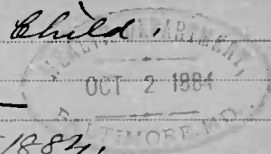
be to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the State.

RETURN OF A BIRTH

74302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Sept. 18th 1884.*
4. Place of Birth, (Street and Number) *90 Lee St.*
5. Full Name of Mother, *Zippora Wheeler.*
6. Mother's Maiden Name, *" Lenthicium.*
7. Mother's Birthplace, *Worcester Co. Md.*
8. Full Name of Father, *Harry P. Wheeler.*
9. Father's Occupation, *Agent.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall. Jr. D.*
- Address, *152 Sharp. St.*
- Remarks, _____



~~74302~~
74303

Part of any cash shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines of ten (10) dollars for each offense who be recovered. All fines and forfeitures are recoverable.

Remarks, *Lombard St. No. 248*

OCT 2 1987

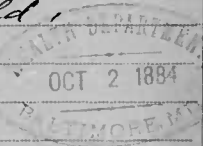
See in attendance upon the mother, immediately thereafter, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH

~~74303~~
74304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sept. 19th 1884.
4. Place of Birth, (Street and Number) 133 Lexington St.,
5. Full Name of Mother, Catherine Bresel,
6. Mother's Maiden Name, Kuhst,
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Francis F. Bresel,
9. Father's Occupation, Druggist -
10. Father's Birthplace, Balto. City.
- Name of Medical Attendant, or other Person who makes this Return, W. J. H. Tall, M.D.
- Address, 152 Sharp St.
- Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 16, 1884

4. Place of Birth, (Street and Number)

No. 57. Thomas St.

5. Full Name of Mother,

Clary. Hardt.

6. Mother's Maiden Name,

Schoch.

7. Mother's Birthplace,

Martinburg, Md.

8. Full Name of Father,

Henry Hardt.

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Berlin, Mass.

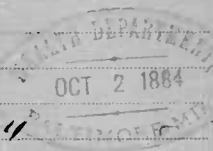
Name of Medical Attendant, or other Person who makes this Return

Annie Fincher

Address,

No. 45 S. Monmouth St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, in
persons who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered by other fines and forfeitures are recoverable,

RETURN OF A BIRTH

74306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 19th 1884

4. Place of Birth, (Street and Number)

249 Eastern Ave

5. Full Name of Mother,

Ada Riley

6. Mother's Maiden Name,

" Cold

7. Mother's Birthplace,

City

8. Full Name of Father,

Edward Riley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

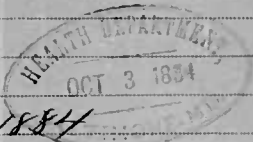
Name of Medical Attendant, or other Person who makes this Return,

Miss Elizabeth Betts

Address,

120 Bank St

Remarks,



Any person who neglects to register the birth of a child, or who registers the birth of a child in a false name, or who registers the birth of a child in a false date, or who registers the birth of a child in a false place, or who registers the birth of a child in a false sex, or who registers the birth of a child in a false race, or who registers the birth of a child in a false color, or who registers the birth of a child in a false religion, or who registers the birth of a child in a false occupation, or who registers the birth of a child in a false birthplace, or who registers the birth of a child in a false name of medical attendant, or who registers the birth of a child in a false address, or who registers the birth of a child in a false remarks, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the period above required.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 19th 1884*

4. Place of Birth, (Street and Number) *309 Eastern Ave*

5. Full Name of Mother, *Rosina Schaffer*

6. Mother's Maiden Name, *Elsasser*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adam Schaffer*

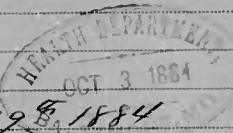
9. Father's Occupation, *Potter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betz*

Address, *120 Bank str*

Remarks,



In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, should, on the day of the birth, report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter shall to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered in the usual manner.

RETURN OF A BIRTH

74201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 20th 1884

4. Place of Birth, (Street and Number)

56 Burke St

5. Full Name of Mother,

Mrs. Christiana Rectorwald

6. Mother's Maiden Name,

Christiana Klemm

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Rudolph Rectorwald

9. Father's Occupation,

Stenographer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. H. Smith

Address,

No 65 Burke St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (~~state whether male or female~~)

OCT 2 1988

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant.

Address.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth, Sep. 20 - 1884

4. Place of Birth, (Street and Number) 104 Mosher St

5. Full Name of Mother, Alice E. E. Clark

6. Mother's Maiden Name, Trundle

7. Mother's Birthplace, MD

8. Full Name of Father, Arthur Clark

9. Father's Occupation, machinist

10. Father's Birthplace, va

Name of Medical Attendant, or other Person who makes this Return

Address, 219 Madison Ave

Remarks,

Should an other person be in at residence upon the mother, immediately thereafter, it shall be the duty of the mother, and of any person or persons who shall hereafter fail to comply with the provisions of this act, to be recovered as other fines and penalties are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 20 1884*

4. Place of Birth, (Street and Number) *Streep Street*

5. Full Name of Mother, *Mary L. Booz*

6. Mother's Maiden Name, *Mary L. Buckley*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Thomas Booz*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Algiers Louisiana*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Sullivan*

Address, *104 Curley Street*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered after due and forcible proof is made thereon.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *September 20th*
4. Place of Birth, (Street and Number) *129 Dolphin St.*
5. Full Name of Mother, *Mary Mc Henry*
6. Mother's Maiden Name, *Gahavette*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Mc Henry*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby*
- Address, *369 Cathedral St.*
- Remarks,

RETURN OF A BIRTH

74313

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st September 1884*

4. Place of Birth, (Street and Number) *10224 Hollins Street*

5. Full Name of Mother, *Mary M. Herbert*

6. Mother's Maiden Name, *Mary M. Snipe*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John M. Herbert*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mr. M. Stetson*

Address, *10224 Hollins Street*

Remarks,

RETURN OF A BIRTH ^{7/1/214}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) weisse

3. Date of Birth, 24th September 12th Aft. M.

4. Place of Birth, (Street and Number) Biddelstr 93

5. Full Name of Mother, Mathilde Konisch

6. Mother's Maiden Name, Mathilde Gies

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Konisch

9. Father's Occupation, Post Office

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Johanna Gruebe Schumann

Address, Biddelstr 103.

Remarks,



be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by other dues and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother to call for a physician or a practitioner of midwifery, and if she fails to do so, and if the child is born alive, she shall be liable to a fine of not more than \$100, and if the child is born dead, she shall be liable to a fine of not more than \$50, and if she is unable to pay the same, she shall be subject to a term of not more than 30 days in the workhouse, or to both such fine and imprisonment, at the discretion of the court. Any person or persons who, after the birth of a child, shall fail to comply with the provisions of this act, shall be subject to a fine of not more than \$100, and if the child is born dead, she shall be liable to a fine of not more than \$50, and if she is unable to pay the same, she shall be subject to a term of not more than 30 days in the workhouse, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

121

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 8

4. Place of Birth, (Street and Number)

484 Carey st

5. Full Name of Mother,

Lotta M Hunt

6. Mother's Maiden Name,

Albaugh

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hunt

9. Father's Occupation,

Shipping Clerk

10. Father's Birthplace,

Me. D.

Name of Medical Attendant,

or other Person who makes this Return

Mrs C. A. Lewis

Address,

162 Hanover st

Remarks,



RETURN OF A BIRTH

74316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. 3 Child of Mother, (state whether 1st, 2d, 3d, &c.) St

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 9

4. Place of Birth, (Street and Number) No 37 Portland St

5. Full Name of Mother, Wm. Mack

6. Mother's Maiden Name, Anna Weighant

7. Mother's Birthplace, City of Germany

8. Full Name of Father, Charles Mack

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

74317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Female
White

OCT 4 1894

Sep: 10

631 W. Pratt St

Mary Belle Forrest

Mary Belle Banks

Baltimore

Edward C. Forrest

Machiner

Baltimore

Rev. Ch. Deback

Printed and Published by the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 74318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 of September

4. Place of Birth, (Street and Number)

130 Madison St.

5. Full Name of Mother,

Mrs. Carrie Wilson

6. Mother's Maiden Name,

Carrie Kro

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Mrs. Robert Samuel Wilson

9. Father's Occupation,

Iron molder

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Number of each child of mother

74219

[illegible]
$$-\frac{2}{16}$$

Female

1

Sept 15

235 J. M. H. 11

Sarah Weston

Martin

Baltimore

A. W. Martin

Carphen 101

Baltimore

or other Person who
makes this Return

156. *Actin. 16*

1



74320

shall be any cause shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the physician, or practitioner of midwifery, to attend upon the mother, and to deliver the child, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who may hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

10

...Kunde...

HEALTH DEPARTMENT
OCT 3 1884
BALTIMORE MD

Sept 18,

253 N. Eden st

Luther E. Sawyer

Armed

Washington County

Stephen A. Busby

Byck layer

B. alpinus

or other Person who
makes this Return

Donald Chris

156. A. Eder. et.

• T T 9 3'2157+28 A 51 107 A 77/100 AC

RETURN OF A BIRTH 74321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th

4. Place of Birth, (Street and Number) No 287 W Pratt St

5. Full Name of Mother, Elizabeth Kate Nardin

6. Mother's Maiden Name, Tramel

7. Mother's Birthplace, France

8. Full Name of Father, George Frederick Nardin

9. Father's Occupation, Stone Mason

10. Father's Birthplace, France

Name of Medical Attendant, or other Person who makes this Return M. C. C. C.

Address, No 287 W Pratt St

Remarks,



Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter file and record the birth of the child, and any such person who neglects to do so, or who files and records the birth of a child within the time required, and any such person who neglects to do so, or who files and records the birth of a child within the time required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2nd Sept. 27th 1884

4. Place of Birth, (Street and Number) Nord Wolfe Str 12.

5. Full Name of Mother, Ralk Weismann

6. Mother's Maiden Name, Ralk Boetz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Weismann

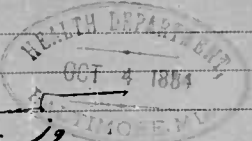
9. Father's Occupation, Schneider

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Johanna Grube Jebeame

Address, Biddle Str 103

Remarks,



RETURN OF A BIRTH

74323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 19th, 1884

4. Place of Birth, (Street and Number)

45 Hill St.

5. Full Name of Mother,

Mary Elizabeth Lyons

6. Mother's Maiden Name,

Harrison

7. Mother's Birthplace,

Calvert Co., Md.

8. Full Name of Father,

George Washington Lyons

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Calvert Co., Md.

Name of Medical Attendant, or other Person who makes this Return.

Robert S. Lowe, M.D.

Address,

333 Light St.

Remarks,

RETURN OF A BIRTH ⁷⁴³²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 20 - 1884

4. Place of Birth, (Street and Number) 206 Lambert St.

5. Full Name of Mother, Josephine Anderson

6. Mother's Maiden Name, Cass

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Anderson

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St

Remarks,

be in attendance upon the mother immediately after the birth of the child, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and to sign and forward to the Registrar of Vital Statistics a true and correct copy of this Return, and for each offense to be recovered from the mother or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74325

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

2d September 1884

4. Place of Birth, (Street and Number)

Georg Street 37

5. Full Name of Mother,

Katie Rohlfing

6. Mother's Maiden Name,

Katie Bremer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Eduard Rohlfing

9. Father's Occupation,

merchant

10. Father's Birthplace,

Germany - Osnabruck

Name of Medical Attendant, or other Person who makes this Return

H. E. Reinhardt

Address,

205 W. Lombard St.

Remarks,



RETURN OF A BIRTH⁷⁴³²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in any case be attended upon by the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period allowed for such child to be reported, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the due and lawful penalties and forfeitures and forfeitures are recoverable for each offense to be recovered.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, or by the person or persons who may be appointed by the Commissioner of Health, to enforce the provisions of this section.

RETURN OF A BIRTH

74327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, September 22nd.

4. Place of Birth, (Street and Number) 337 Cathedral St.

5. Full Name of Mother, Jane Jinks.

6. Mother's Maiden Name, Trifer.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George Jinks.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address, 369 Cathedral St.

Remarks,

OCT 2 1884

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *September 22nd 1884*
4. Place of Birth, (Street and Number) *11 Federal St.*
5. Full Name of Mother, *Louise Everhart*
6. Mother's Maiden Name, *Edwards*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert Everhart*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby*
- Address, *369 Cathedral St.*
- Remarks, *1*

In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, immediately thereafter, shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such failure to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

74329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 22 Sept. 1884
4. Place of Birth, (Street and Number) 23 Gough St.
5. Full Name of Mother, Francis ~~Koster~~ Koepfer
6. Mother's Maiden Name, Koster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Koepfer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary Stein
- Address, 151 E Pratt St.
- Remarks, _____

OCT 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) _____

Male

2. Race or Color, (if not of the white race) _____

White

3. Date of Birth, _____

Sept. 14th 1884

4. Place of Birth, (Street and Number) _____

S. E. Cor. Pratt & Chester Sts. (no number)

5. Full Name of Mother, _____

Octavia Loflin

6. Mother's Maiden Name, _____

Haither

7. Mother's Birthplace, _____

City

8. Full Name of Father, _____

Frank Courtney Loflin

9. Father's Occupation, _____

Salesman

10. Father's Birthplace, _____

Harford Co. Md.

Name of Medical Attendant, or other Person who
imposes this Return

C. P. Evans M.D.

Address, _____

375 E. Baltimore St.

Remarks, _____

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person duly qualified to attend in such cases, the parent or parents of such child, or any person in possession of the child, shall be liable to a fine of not more than five dollars, and to a term of not more than thirty days, in case the parent or parents of such child, or any person in possession of the child, shall hereafter fail to comply with the provisions of this section, and shall refuse to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept. 14th 1884

4. Place of Birth, (Street and Number)

62 N. Chapel St.

5. Full Name of Mother,

Francis Jane Kennard

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm Kennard

9. Father's Occupation,

Brick Molder

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

E. P. Ross M.D.

Address,

373 E. Baltimore St.

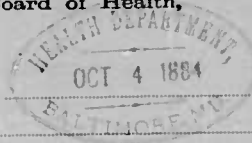
Remarks,



RETURN OF A BIRTH

74332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 22nd 1884

4. Place of Birth, (Street and Number)

No 262 Chew St -

5. Full Name of Mother,

Juliet - Catane Hopkins

6. Mother's Maiden Name,

" " Evans -

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Joshiah Richard Hopkins

9. Father's Occupation,

Carpenter -

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who make this return

Wm. G. Russell

Address.

238 N Broadway -

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to file a return of the birth of such child, in the office of the Registrar of Vital Statistics, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

22 September

4. Place of Birth, (Street and Number)

Haubert St. No 42

5. Full Name of Mother,

Cristina Schneider

6. Mother's Maiden Name,

" " Schneider

7. Mother's Birthplace,

Hausen Hof, Wardenburg, Germ.

8. Full Name of Father,

Godlob Schneider

9. Father's Occupation,

Coal Trimmer

10. Father's Birthplace,

Litzgoldsweiler, Wm. Germ.

Name of Medical Attendant, or other Person who makes this Return

Lizzie Schaffler

Address,

Corner Fort Ave. & Town

Remarks,

Locust St.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance, when the mother, immediately thereafter, it shall then become the duty of the person so attending, to cause a certificate of birth to be made, and to file the same with the Board of Health, within the period above required. If the mother, or any other person, shall refuse to file the certificate, or shall fail to comply with the provisions of this section, he or she shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 23, 1884

4. Place of Birth, (Street and Number) Norris St No 7

5. Full Name of Mother, May Snyder

6. Mother's Maiden Name, May Heron

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Snyder

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Talley

Address, No 197 Reft St

Remarks, _____

OCT 2 1884

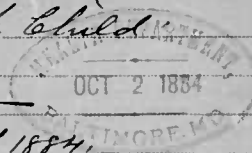
Birth, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child occurs on the first or third day of a month, or on the first or third day of a year, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Sept. 23^d 1884*
4. Place of Birth, (Street and Number) *244 Conway St.*
5. Full Name of Mother, *Margaret E. Heideman*
6. Mother's Maiden Name, *" O'Neil*
7. Mother's Birthplace, *Balto. City*
8. Full Name of Father, *Charles E. Heideman*
9. Father's Occupation, *Sergt. (Police)*
10. Father's Birthplace, *Balto. City*
- Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall. M.D.*
- Address, *15 E. Sharp St.*
- Remarks, _____



parents, the date and place of birth, and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the practitioner shall deliver the certificate on the day of the birth of the child, or on the day of the next business day thereafter. The certificate shall be delivered to the Office of the Commissioner of Health, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *mal*

2. Race or Color, (if not of the white race) *whit*

3. Date of Birth, *22 September*

4. Place of Birth, (Street and Number) *N. Capitol St. No 14*

5. Full Name of Mother, *Anna Brendiker*

6. Mother's Maiden Name, *Schulze*

7. Mother's Birthplace, *Schulze - Hanover - Germany*

8. Full Name of Father, *Heinrich Brendiker*

9. Father's Occupation, *Trades*

10. Father's Birthplace, *Witten - Prussia - Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. B. B. B. B.*

Address, *Long 450 St. No 248*

Remarks, *Long 450 St. No 248*

RETURN OF A BIRTH. 7/13/7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Sept 23rd 1884

4. Place of Birth, (Street and Number)

150. Pearl St

5. Full Name of Mother,

Lena Graif

6. Mother's Maiden Name,

Lena Doyle

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo. Graif

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. A. Mesenzehl

Address,

366 Penna ave

Remarks,

Article between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to provide for the same, and if the child be born dead, or if the mother be unable to provide for the same, the person or persons shall be liable to a fine of ten (\$10) dollars for each offence to be recovered.

between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH.

74338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 23rd 1884

4. Place of Birth, (Street and Number) 56 Myrtle ave

5. Full Name of Mother, Annie Deutch

6. Mother's Maiden Name, Annie Steiner

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo Deutch

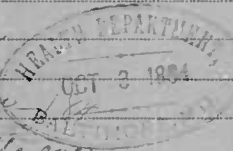
9. Father's Occupation, Bottom Hole Worker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Messing chl

Address, 366 Penn ave

Remarks, _____



certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the certificate is not so filed, the person or persons who shall be liable for the same shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health. It shall be the duty of the person or persons who shall be liable to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall fail to do so shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health. Other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴³³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White OCT 2 1884

3. Date of Birth, September 1st 1884

4. Place of Birth, (Street and Number) 182 Bank St

5. Full Name of Mother, Mary Mc Donough

6. Mother's Maiden Name, Mary Hanlon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Mc Donough

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs R. A. Garrett

Address, 1065 Burke St

Remarks,

RETURN OF A BIRTH

74340

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

1. Sex, (state whether male or female) *first child*

2. Race or Color, (if not of the white race) *female*

3. Date of Birth, *wednesday 24 september*

4. Place of Birth, (Street and Number) *249 Battery Avenue*

5. Full Name of Mother, *Eliza Fitzpatrick*

6. Mother's Maiden Name, *Eliza Thornton*

7. Mother's Birthplace, *Birthplace, Ireland*

8. Full Name of Father, *Michael Fitzpatrick*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this return

Address, *Ann Thornton 249 Battery Avenue*

Remarks, *South Baltimore*

services, a fee of one dollar and fifty cents, and the said physician, who is the owner, duly signs, by the practitioner in the form of a certificate, a copy of which shall be forwarded to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or father, or any other person, shall be liable to report the birth to the Commissioner of Health, in the manner and within the period above provided, and any such person who fails to do so, shall be liable to a fine of ten dollars, and the fine of ten dollars shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, sep 24 - 1884

4. Place of Birth, (Street and Number) 202 S. Bond St.

5. Full Name of Mother, Katharina Hax

6. Mother's Maiden Name, Reidoeffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hax

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks, _____

In case the birth of a child is attended by a physician, or of a practitioner of midwifery, or of a person who is not a physician or a practitioner of midwifery, the attending person shall be under the duty of reporting the birth of the child to the Board of Health, in the manner, and within the period above prescribed, and shall be liable to a fine of ten dollars in case of non-compliance, or to a fine of five dollars in case of failure to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, or to a fine of ten dollars in case of failure to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, or to a fine of five dollars in case of failure to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Birth*

1. Sex, (state whether male or female) *mal*

2. Race or Color, (if not of the white race) *whit*

3. Date of Birth, *25 September*

4. Place of Birth. (Street and Number) *Broadway No 223*

5. Full Name of Mother, *Lena Singerwald*

6. Mother's Maiden Name, *" " Kreis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Singerwald*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mause*

Address, _____

Remarks, *Lombard St. No 248*

RETURN OF A BIRTH

74343

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 25 1894

4. Place of Birth, (Street and Number)

No. 24 Winson St.

5. Full Name of Mother,

Anne Griffin

6. Mother's Maiden Name,

Kelly.

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

John Griffin

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Anne Griffin

Address,

No. 24 Winson St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH^{#344}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12-28 P.M. Thursday September 25th 1884

4. Place of Birth, (Street and Number) 68 N. Eulaw St.

5. Full Name of Mother, Ella P. Brien

6. Mother's Maiden Name, McGuire

7. Mother's Birthplace, Bates, Maryland U.S.A.

8. Full Name of Father, *James O. Price*

9. Father's Occupation, Car Painter B. O. R. R.

10. Father's Birthplace, *County of Kilkenny, Ireland*

Name of Medical Attendant, or other Person who makes this Return J. H. Scaeff M.D.

Address. 47 Centre St Baltimore Maryland

Remarks, "Quorum pars magna fui"

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

certificates and shall file first and last day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or guardian of such child, to be in compliance with the provisions of this section, shall file a certificate of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

34

male

OCT 4 1884

Colored

September 21st

53 Canal St

Mahida St

Anderson

Prince George Ct in 9

Robert St

hair

Tappahanna Virginia

John

94 Syon St

any person or persons who shall be guilty of any of the offenses herein provided for, shall be liable to a fine of not less than \$100 and not more than \$500, or to imprisonment for not less than 30 days and not more than 6 months, or to both such fine and imprisonment, at the discretion of the court. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an officer person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report the birth of the child to the nearest health officer, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of any of the offenses herein provided for, shall be liable to a fine of not less than \$100 and not more than \$500, or to imprisonment for not less than 30 days and not more than 6 months, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 21st 1884*

4. Place of Birth, (Street and Number) *243 Pristman St*

5. Full Name of Mother, *Christina Ueber*

6. Mother's Maiden Name, *Hess*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph L. Ueber*

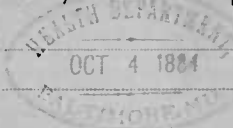
9. Father's Occupation, *Carver*

10. Father's Birthplace, *Austria*

Name of Medical Attendant, or other Person who makes this Return *Woodrow Lake M.D.*

Address, *1416 Hancock St*

Remarks, _____



Section 10. Between the first and third day of each and every month, to the Board of Health, in case the birth of a child occurs, without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is not a resident of the city, the parent or parents of such child shall be liable to a fine of ten dollars, and, in case the child is born within the period above defined, except in the case of the births and deaths of illegitimate children, and in case the parent or parents of such child fail to comply with the provisions of this section, such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

Sept 24/84

111 W. Gilmore

William H. Miller

Young

Ind

William H. Miller

Clerk

Pa.

Thos. O'Brien M.D.

179 W. Howard St.

certificates between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above prescribed, and any such person for each offence to be reported, shall be subject to a fine of ten (10) dollars.

RETURN OF A BIRTH

74349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *September 25th.*

4. Place of Birth, (Street and Number) *Barkley St. No number.*

5. Full Name of Mother, *Mary Loukis.*

6. Mother's Maiden Name, *Donley.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *John Loukis.*

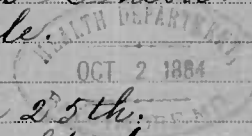
9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby.*

Address, *369 Cathedral St.*

Remarks, _____



parents, the fee is \$1.00. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. It is the duty of the parent or person who has in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be negligent in complying with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered by the State.

RETURN OF A BIRTH

74350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept. 25th 1884, 1884

4. Place of Birth, (Street and Number) 196 Montgomery St.

5. Full Name of Mother, Mary C. Broening.

6. Mother's Maiden Name, " Kine,

7. Mother's Birthplace, Ireland.

8. Full Name of Father, Jacob Broening.

9. Father's Occupation, Horse Shooer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, R. J. Ni Talla, M.D.

Address, 152 Sharp St.

Remarks, _____



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the certificate is not filed within the time specified, the person or persons who shall be liable for the same, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clapham Murray Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

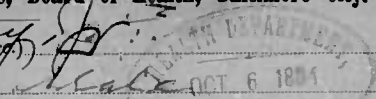
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

GIVEN UNDER SEAL 5-1-56 7/1/56



September 3 1884

42 E. Townsend St

Mary G. Murray

Mary G. Gibson

England

Clapham Murray

Accountant

Dr. J. H. H. H. H.

11218. H. H. H.

month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a medical attendant, the mother, immediately thereafter, shall be in attendance upon the Commissioner of Health, in the manner and within the period above prescribed, and any such person who fails to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered by other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Herman Hinthicum Fiske*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 4 1884*

4. Place of Birth, (Street and Number) *337 E. Pratt St*

5. Full Name of Mother, *Rebecca Fiske*

6. Mother's Maiden Name, *Rebecca Linthicum*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *J. D. Fiske*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Wrentham Mass*

Name of Medical Attendant, or other Person who makes this Return, *Dr. L. L. L. L. L.*

Address, *112 W. Calverton St*

Remarks,

RETURN OF A BIRTH

74354

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

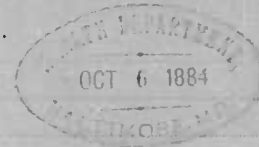
Remarks,

Unit
Male
White
Sept 8th 1884
147 Chesapeake
Mary
Ryle
U S A
Quinn McIntosh
Rail Road
U S A
E. J. McQuinn
50 E. Main St.

Learn, its or their physical condition, whether adult or not, the full name of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁷¹³⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, *7th Sept 1884*

4. Place of Birth, (Street and Number) *10 Pilcher St*

5. Full Name of Mother, *Amelia Wilson*

6. Mother's Maiden Name, *Healey*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Frank P. Wilson*

9. Father's Occupation, *Electrician*

10. Father's Birthplace, *Mo*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

G. W. Hays
Wm. H. Hays

Birth, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 2-17-52
N OF A BIRTH 74356

Thomas Rasin Goddy

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

Sept. 7th 1884

4. *Place of Birth, (Street and Number)*

388 N. Calvert St

5. Full Name of Mother,

Mania Godes

6. *Mother's Maiden Name.*

Hamie Rasin

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Thos. A. Haden

9. *Father's Occupation.*

Manufacture

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000/1001/1002/1003/1004/1005/1006/1007/1008/1009/1010/1011/1012/1013/1014/1015/1016/1017/1018/1019/1020/1021/1022/1023/1024/1025/1026/1027/1028/1029/1030/1031/1032/1033/1034/1035/1036/1037/1038/1039/1040/1041/1042/1043/10

Address,

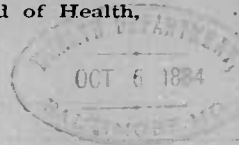
VIZ 118-160000

Remarks,

parents, the date of birth, and the date of record of the child. In case the certificate between the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of any child, upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause the same to be recorded in the Office of the Commissioner of Health, and any person who fails to do so shall be liable to a fine of not less than \$100 (one hundred dollars) nor more than \$500 (five hundred dollars). As other laws and forfeitures are recoverable.

RETURN OF A BIRTH 74358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *7 Sept 1884*

4. Place of Birth, (Street and Number) *123 McLeudach St*

5. Full Name of Mother, *Mary J. Root*

6. Mother's Maiden Name, *" Framing*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Wm Root*

9. Father's Occupation, *Teacher Music*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Geo H. Epler
Wm. E. Epler

RETURN OF A BIRTH ⁷⁴³⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Six South

Female

White

Sept 9 1884

Laurel & Hair

Mary

Glenn

A. S. A

has been on

Rail Road

A. S. A

E. J. Williams, M.D.

614 E. 11th St.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁷⁴³⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 1: 13 1884

4. Place of Birth, (Street and Number) 19 N. Chestnut St

5. Full Name of Mother, Rebecca Mary B. Apsley

6. Mother's Maiden Name, Rebecca

7. Mother's Birthplace, Maryland

8. Full Name of Father, Carl B. Apsley

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, J. H. Littlejohn

Address, 121 N. Calverton St.

Remarks, _____

Every person who has the first and last name of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur during the absence of the mother, the father, or any other person, it shall be the duty of the person or persons so present to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each failure to do so.

RETURN OF A BIRTH ⁷⁴³⁶¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Third
Male
white
Sept 6 1884
13, Canton St
Catharine
Clishom
ES A
Benjamin Davis
Laborer
U.S.A.
E. J. Davis M.D.
EE 13, Canton St.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁷⁴³⁶²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Joseph
Seviale

1. Sex, (state whether male or female)

white

2. Race or Color, (if not of the white race)

Sept 17th 1884

3. Date of Birth,

14 Potomac St

4. Place of Birth, (Street and Number)

Agnes

5. Full Name of Mother,

Conners

6. Mother's Maiden Name,

Baltimore Md.

7. Mother's Birthplace,

Michael Caton

8. Full Name of Father,

laborer

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

C. Johnson

Name of Medical Attendant, or other Person who makes this Return

7-8 Alameda St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be present at the birth, the person who shall be present at the birth shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 19th 1884

4. Place of Birth, (Street and Number)

University Hospital

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Healey

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Not Married

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. C. Keale

Address,

121 W. Monument

Remarks,

Return of a Birth, (state whether 1st, 2d, 3d, &c.) No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

RETURN OF A BIRTH

74364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept. 20, 24

4. Place of Birth, (Street and Number) #28 Boyd St.

5. Full Name of Mother, Annie Sept.

6. Mother's Maiden Name, Annie Thomas

7. Mother's Birthplace, City

8. Full Name of Father, William Fark.

9. Father's Occupation, White Wash

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Anna Cornish

Address, 34 Boyd

Remarks, Normal

RETURN OF A BIRTH ⁷⁴³⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered to the Office of Registrar of Health. In case the certificate between the first and third day of each and every year without the duty of the parent or parents of such child, to report its birth to the Office of Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *6th Sep. 1887*

4. Place of Birth, (Street and Number) *614 E. Easth. St*

5. Full Name of Mother, *Fanny Smith*

6. Mother's Maiden Name, *Went*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Smith*

9. Father's Occupation, *Tanner*

10. Father's Birthplace, *Batt. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Paulach Old Wife*

Address, _____

Remarks, _____

parents, the date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Registrar of Vital Statistics, Baltimore City, within ten days after the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Office of the Registrar of Vital Statistics, in the manner and to the effect herein provided, and to the sum of ten (10) dollars for each failure to be recorded as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

12 Sep 1884

4. Place of Birth, (Street and Number)

379 East Urban St

5. Full Name of Mother,

Barbara Engelmann

6. Mother's Maiden Name,

Winkler

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

George Engelmann

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Barforn

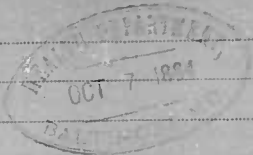
Name of Medical Attendant,

or other Person who makes this Return.

Mr. Raubach Mid Wife

Address,

Remarks,



parents, the date and place of birth, and the said who-lie shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the parent or parents of such child, to be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *13 Sep 1884*

4. Place of Birth, (Street and Number) *127 Farmount Ave.*

5. Full Name of Mother, *Mary Schlepner*

6. Mother's Maiden Name, *Flesman*

7. Mother's Birthplace, *Batt. Md.*

8. Full Name of Father, *George Schlepner*

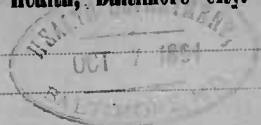
9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Batt. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Raubach Mid Wife*

Address, _____

Remarks, _____



Parents, the date and place of birth, and the sex of each child, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should so occur, the parent or person having charge of the child, shall be in attendance upon the mother, immediately thereafter. It shall be the duty of the parent or person having charge of the child, to report its birth to the Commissioner of Health, within the period above specified, and any such person or persons failing to do so, shall be liable to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

White Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

16th Sep. 1884

4. Place of Birth, (Street and Number)

274 East Canton St.

5. Full Name of Mother,

Lussey Loper

6. Mother's Maiden Name,

Dannemann

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

William Loper

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. Rausch M.D. M.F.

Address,

Remarks,

Parents, this is an "Index of Births," and it is a law of the State that every child shall be registered by the parent or person in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or person in the form of a certificate to register the birth of such child, to the Office of the Commissioner of Health, and the parent or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
John Thomas Langmead 4th child
No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *16th September 1884*
4. Place of Birth, (Street and Number) *242 Pratt*
5. Full Name of Mother, *Ellen Langmead*
6. Mother's Maiden Name, *Cahan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Alfred Langmead*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return, *H. W. M. Bishop*

Address, *57 Barclay*

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH ⁷⁴³⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

[illegible]

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2. Sex of Child (whether male or female)

3. Race (if not of the white race)

4. Date

5. Place of Birth (Street and Number)

6. Full Name of Mother

7. Mother's Maiden Name

8. Mother's Birthplace

9. Full Name of Father

10. Father's Occupation

11. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

74372
Child
Male 1884
White
20th Sept 1884
223 Hudson St
Lydia
Hanna
U.S.A.
Wm A Kottin
Carpenter
U.S.A.
E. Williams M.D.
53 Eldon St

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person report his birth to the Registrar, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH ⁷⁴³⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 21st Sept. 1884

4. Place of Birth, (Street and Number) 221 Lee St

5. Full Name of Mother, Sarah Webster Bailey

6. Mother's Maiden Name, Webster

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm C Bailey

9. Father's Occupation, Carpenter

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return, J H W Webster

Address, 57 Maries

Remarks, _____

RETURN OF A BIRTH

74374

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st Sept 1884

4. Place of Birth, (Street and Number)

119 Caulder St

5. Full Name of Mother.

Rosa

6. Mother's Maiden Name.

Morrow

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John W Sullivan

9. Father's Occupation,

Robber

Father's Birthplace.

New York

Name of Medical Attendant, or other Person who makes this Return

E. J. Sullivan M.D.

Address,

119 Caulder St

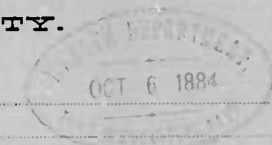
Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

74375

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept. 22 84

4. Place of Birth, (Street and Number) 38 Bank St.

5. Full Name of Mother, Annie Doorn

6. Mother's Maiden Name, Annie Chabrier

7. Mother's Birthplace, City

8. Full Name of Father, Wm. G. G. G.

9. Father's Occupation, Drayman

10. Father's Birthplace, Hartford Conn.

Name of Medical Attendant,

or other person who makes this Return.

Dr. J. Cornish

Address, #24 Bay St.

Remarks, 1st born but post partum hemorrhage but recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 23, 1884

4. Place of Birth, (Street and Number)

105-Charles St. Av.

5. Full Name of Mother,

Susan Parke

6. Mother's Maiden Name,

Susan Evans

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Dr. F. Parke

9. Father's Occupation,

Manufacturing

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. Miller

Address,

121 N. Howard St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person who fails to do so, shall be subject to a fine of not less than ten (\$10) dollars, nor more than twenty (\$20) dollars, for each offence to be recovered in other cases and forfeitures are recoverable.

Birth of any child during the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the second day of any month, the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall be so required to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, and no such fine and forfeitures are recoverable.

RETURN OF A BIRTH

74377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28th 1884

4. Place of Birth, (Street and Number)

University Hospital

5. Full Name of Mother,

Emma Johnson

6. Mother's Maiden Name

Virginia

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Married

10. Father's Birthplace,

J. H. O. Beale

Name of Medical Attendant, or other Person who makes this Return,

Address,

121 W. Monument

Remarks,

74378

OCT 1981



Male

White

24th Sep 1854

72 of Partridge St.

Anna Sommer.

Amreen

Buren.

Gottel Sommer

Taken mit Macher.

Prunzen. Germany.

Mrs. Baupach, His Wife

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH ⁷⁴⁵⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 29 Sep. 1884

4. Place of Birth, (Street and Number) 185 Gies, St

5. Full Name of Mother, Emma Faber

6. Mother's Maiden Name, Eckman

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Fred Faber

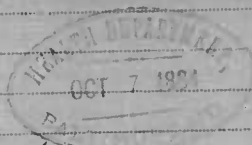
9. Father's Occupation, laborer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Mr. Raulbach, Chief Nurse

Address,

Remarks,



In case the birth of a child occurs between the first and third day of each and every month to the Office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, to file the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH ⁷⁴³⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 24th 1884

4. Place of Birth, (Street and Number)

34 Pleasant St

5. Full Name of Mother,

Paula Turner

6. Mother's Maiden Name,

Paula Foster

7. Mother's Birthplace,

Vienna Austria

8. Full Name of Father,

Dr. L. J. Turner

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. W. Hiltnerberg

Address,

121 Holloman St

Remarks,

and the place of birth, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this return, and the name of the person who reports to birth to the Commissioner of Health, in the manner and to the effect provided in this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered, other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

486
female
WHITE
OCT 25 / 82
774 E. L. -
Sarah - Monrosmith
Penna
John Monrosmith
Baggage Macks - P. R. R.
Penna
4 Shortt WVD
1434 E. L. - 4 -

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereinafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence to be recovered by the State, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

OCT 7 1884

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 25 Sep. 1884

4. Place of Birth, (Street and Number) 186 South Bond st

5. Full Name of Mother, Anna Ross

6. Mother's Maiden Name, A. Smith

7. Mother's Birthplace, Illinois

8. Full Name of Father, Thomas Ross

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who make this Return, Mrs. Laupack Mid Wile

Address,

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certification between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offense to be recovered.

City & Co., City Printers and Stationers.

RETURN OF A BIRTH^{7/4 1883}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

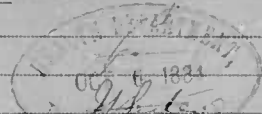
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 4, 1883

John H. Brown

John H. Brown

Baltimore

Baltimore

Baltimore

Baltimore

Baltimore

Baltimore

Baltimore

Baltimore

Baltimore

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or person authorized to make a certificate, the person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to make a certificate of birth, and to file the same in the office of the Commissioner of Health, within the time specified in this section, and in compliance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Louisa R. Angle*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 25th 1884*

4. Place of Birth, (Street and Number) *256 Hudson St*

5. Full Name of Mother, *Mary Maria L. Engel Angle*

6. Mother's Maiden Name, *Berner*

7. Mother's Birthplace, *City*

8. Full Name of Father, *(Louis) (Engel) Angle*

9. Father's Occupation, *Confectioner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betsy*

Address, *120 Bank St*

Remarks,

RETURN OF A BIRTH ⁷⁴³⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept - 25th*
4. Place of Birth, (Street and Number) *217 Bence St*
5. Full Name of Mother, *Mrs. James Ray*
6. Mother's Maiden Name, *Miss Carrie Scott*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *James Ray*
9. Father's Occupation, *Household*
10. Father's Birthplace, *Ind*
- Name of Medical Attendant, or other Person who makes this Return *H. H. K. M. D.*
- Address, *23 Edmondson*
- Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to comply with the provisions of this section, he shall be liable to a fine of ten dollars for each offense, and any person who reports a birth to the Commissioner of Health, in the manner and within the period also prescribed, and any such person who fails to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense.

RETURN OF A BIRTH ⁷⁴¹³⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept. 26th 1884

4. Place of Birth, (Street and Number) 149 Johnson St.

5. Full Name of Mother, Rose Hunt,

6. Mother's Maiden Name, Fink

7. Mother's Birthplace, Balto. City

8. Full Name of Father, William Hunt,

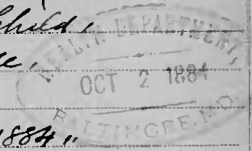
9. Father's Occupation, Tinner

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return, R. J. N. Tall. M.D.

Address, 152 Sharp St.

Remarks, _____



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 2 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth September 26, 1884

4. Place of Birth (Street and Number) 10 Glickton ally Baltimore city

5. Full Name of Mother Mary Thomas

6. Mother's Maiden Name Mary Catharine Gardman

7. Mother's Birthplace Howard County Maryland

8. Full Name of Father Charles H. Thomas

9. Father's Occupation Steam man

10. Father's Birthplace Saint Mary County Land

Name of Medical Attendant, or other Person who makes this return

Address Margaret Glickman

Remarks No 18 Glickton street

RETURN OF A BIRTH 7/1/388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

Saturday 2d Sept

4. Place of Birth, (Street and Number)

Baltimore 230 Charles St

5. Full Name of Mother,

Marcy Gordon

6. Mother's Maiden Name,

Marcy Christy

7. Mother's Birthplace,

birth place Sweden

8. Full Name of Father,

Jerrey Gordon

9. Father's Occupation,

labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Thornton

Address,

219 Batsey avenue south Baltimore

Remarks.

certificates, between the first and third day of each and every month, to the Board of Health. In case the parent or other person who is required to file such certificate neglects to do so, he or she shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health. In case the parent or other person who is required to file such certificate neglects to do so, he or she shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health. In case the parent or other person who is required to file such certificate neglects to do so, he or she shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 26th 1884*

4. Place of Birth, (Street and Number) *157 Lehigh St*

5. Full Name of Mother, *Wm. Sittler*

6. Mother's Maiden Name, *Calmy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John C. Sittler*

9. Father's Occupation, *Carriage Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wheodan C. Ke. M.D.*

Address, *146 N. Carroll St*

Remarks, *Good*



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and to sign a certificate of birth, which shall be subject to the inspection of the Commissioner of Health, and in case of refusal to do so, shall be and is made liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

26 of September 1884

4. Place of Birth, (Street and Number)

Baltimore Frederick St. 191

5. Full Name of Mother,

Mrs. Eiringer

6. Mother's Maiden Name,

Meir. Gelene Neundorff

7. Mother's Birthplace,

Born Kessen Germany

8. Full Name of Father,

Mrs. Gottlieb Eiringer

9. Father's Occupation,

Laborer by trade

10. Father's Birthplace,

Born Kessen Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

1017 west Pratt St city

Remarks,

in case of a
In case the
in the manner, and
shall be subject
to a fine of ten dollars
for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

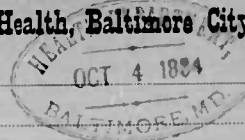
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Male

White

26th day Sept. 1884

398 E. Chase St.

Margaret Ann Kimmitt

Stoffer

Balt.

Eustace Adolphus Kimmitt

Clerk

Balt.

Mrs. Lucia Greene

466 Gay St Baltimore

RETURN OF A BIRTH ⁷⁴³⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

servants, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the practitioner is unable to deliver the certificate at the time specified, he may deliver it at any other time, but he must deliver it within the month in which it was due. If he fails to deliver it within the month, he shall be liable to a fine of ten dollars for each failure to be recovered by the Commissioner of Health. In the manner and within the period above specified, the practitioner shall report the birth of every child born in his office, and shall accompany with the provisions of this section, shall be subject to the fine of ten (10) dollars for each failure to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

74393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 26th 1884

4. Place of Birth, (Street and Number)

118 Stiles str

5. Full Name of Mother,

Ida Ruttle

6. Mother's Maiden Name,

Carr

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Ruttle

9. Father's Occupation,

Porter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Mrs Elizabeth Bats

Address,

120 Bank str

Remarks,

RETURN OF A BIRTH 74394

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sep 26

4. Place of Birth, (Street and Number) 24 Short St

5. Full Name of Mother, Emma Badden

6. Mother's Maiden Name, Emma Lloyd

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel Badden

9. Father's Occupation, Wagoner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Leate Johnson

Address, No 14 Edgward St

Remarks, Healthy Child

NOTE: In the case of still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7439A

the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, or the person or persons of such child, to whom the said schedule is required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as hereinafter provided.

5 11.

Male

17 h. 10

27 Sep 1884

431. *Clown, Arctonotus*

Elisabeth Smidt

200

By *John*

Mr. Charles Sumner

Carpenter

Barrett

or other Person who makes this Return. *Mrs. Rayback, Med. Wife*

Remarks,

... and ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27th 1884

4. Place of Birth, (Street and Number) 1254 E. Charles St.

5. Full Name of Mother, Mary Harnett

6. Mother's Maiden Name, "^{8th} Gillen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Maximilian Burnett

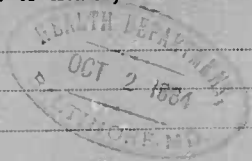
9. Father's Occupation, German

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophia Simon

Address, A. 70 Grand St.

Remarks,



report its birth to the Commissioner of Health, within the number of this card shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT 2 1884

1 Child
Boy Child
White Child

28th September
Hull St. L. P. No 46

Lizzie Curran
" " Scott

Baguotown Md.
Cornelius Curran

Laborer
St Louis Mo.

Lizzie Shaffle
Cornell North Ave. E. Town

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

be in attendance upon the birth of a child, or the delivery of a woman, or the performance of a surgical or obstetrical operation, or the attendance of a physician or practitioner of midwifery, or should co-act with any person in the attendance upon the birth of a child, or the delivery of a woman, or the performance of a surgical or obstetrical operation, or should aid or abet any person in the commission of any of the offenses herein provided for, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, for each offense, and shall be liable to imprisonment for not less than ten days, nor more than thirty days, for each offense, and shall be liable to the payment of the costs of the proceedings against him.

RETURN OF A BIRTH

74400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 28 of Sept 1884

4. Place of Birth, (Street and Number)

No 174 McKim

5. Full Name of Mother,

Mary Jennings

6. Mother's Maiden Name,

Mary Holland

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Jennings

9. Father's Occupation,

Labor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Mrs E. L. Lauer

Address,

No 173 Maryland Ave

Remarks,

Bal. Md.

1884

74401

should no other person be in attendance upon the mother, immediately thereafter, if shall then become the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or imprisonment for not more than thirty days, or both, at the discretion of the court.

th
OCT 2 1884
MORRE

Bis. Pausen

Lombard St. No 248

Lombard St. No 248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

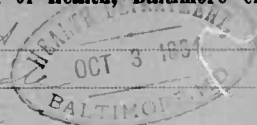
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



should no other person be in attendance at a physician, or of a practitioner of midwifery, or
any person or persons who shall be immediately thereafter, it shall then become the
duty of the parent or parents of such child to notify the health officer of the birth, and
within this period above specified, except in the cases of the births and deaths of illegitimate
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of \$25 dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

74403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28 of Sept.

4. Place of Birth, (Street and Number) 126 W Caroline St

5. Full Name of Mother, Matie Stokes

6. Mother's Maiden Name, " Wickers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Stokes

9. Father's Occupation, Box Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 W Caroline St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 74405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 28th - 84

4. Place of Birth, (Street and Number) 456 N. Pratt St.

5. Full Name of Mother, Louisa Uhl and

6. Mother's Maiden Name, Louisa Meyer

7. Mother's Birthplace, Balto

8. Full Name of Father, John Uhl and

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, Mrs. Seebach
or other Person who makes this Return

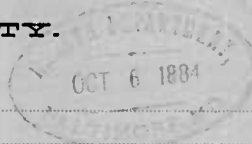
Address, 439 N. Pratt St. near Fremont St.

Remarks.

Name of the mother of such child or children.

RETURN OF A BIRTH 74406

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, ~~# 1~~ ~~Adm~~ Sept 24, 84

4. Place of Birth, (Street and Number) # 62 Adm Alley.

5. Full Name of Mother, Margaret Worham

6. Mother's Maiden Name, Margaret Brown

7. Mother's Birthplace, Manchester Va

8. Full Name of Father, James C. Worham

9. Father's Occupation, Bus Conductor

10. Father's Birthplace, Manchester Va

Name of Medical Attendant, or other Person who makes this Return, Ann Alberta Connel

Address, # 34 Bay St

Remarks, Normal

of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to report the birth to the Registrar of Vital Statistics, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered by either law and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child 2 1884

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

geboren den 29ten September

4. Place of Birth, (Street and Number)

N^o 234 S. Bond St.

5. Full Name of Mother,

Mämma Gauls

6. Mother's Maiden Name,

Mämma Lammie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Gauls

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Friederike Kaufmann

Address, N^o 202 S. Dallas St.

Remarks,

Hebamme

74408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1 birth

Female

whit

OCT 2 1884

29 September

Castellón N.º 2

Lina Picmann

11. 11. Muller

Baltimore

August - Y. C. on ann.

[illegible]

Baltimore

1871-1872

1871-1872

Leinhardt St. #291

of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered. Other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

boy Child

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

29th September

4. Place of Birth, (Street and Number)

Hall St L.P. No 8

5. Full Name of Mother,

Paulina Lighthart

6. Mother's Maiden Name,

" " Dodge

7. Mother's Birthplace,

Gosolin

8. Full Name of Father,

Rudolf Lighthart

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Schweben

Name of Medical Attendant, or other Person who makes this Return

Lizzie Shaffler

Address,

Corner East Ave. & Townson

Remarks,

and shall occur without the attendance of a physician, or of a practitioner of midwifery, or should be other person be in attendance upon the mother, immediately thereafter, it shall be deemed the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time prescribed by the Board of Health, and to cause the child to be registered in the office of the Registrar of Vital Statistics, and to a fine of ten dollars for each offence, and to be removed as other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d



RETURN OF A BIRTH

74411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th

OCT 6 1884

Female
White

Sept 29 - 84

432 W Lombard St

S R Shields

Henry

Balt

Thos Shields

Clerk

Balt

H Nelson

Balt Calhoun

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

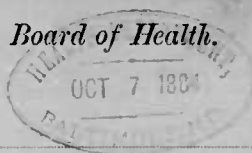
any child shall occur without the attendance of a physician or practitioner of midwifery, or should no such person be present, the mother, immediately thereafter, shall report to the health officer, in person or by letter, the facts of the birth of any child shall occur within the period there required, and any such report to the health officer shall be subject to the fine of one (10) dollars for each child, and forfeitures are recoverable.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the resident name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4
Male

White

Sept 29 1884

118 Franklin St

Stephen Gell

Stephen Birch

Baltimore

Joseph Gell

Shoemaker

Baltimore

Ben E. Ball

No 174 South Chester St

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or without any other person being in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period allowed by law, except in the cases of the births and deaths of illegitimate children, and of persons or persons who are heretofore have been reported to the Board of Health, who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties of this Board shall be recoverable.

1 st.
Male
white

11/11/34

Male-

White

Sept 29. 1884

2 N Broadway

Mary Ann Mitchell

by Ann. Petersen

Balt. City.

Mr Mitchell,

Merchant-

Salt City

Dear Sir,
 The Committee

Mr. Stenning
136 Cornhill

134 Carrollto

Birth certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore have failed to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered after due and lawful notice are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *white*

3. Date of Birth,

Sept 29th 1884

4. Place of Birth, (Street and Number)

94 North St

5. Full Name of Mother,

Mrs. Ruppell

6. Mother's Maiden Name,

Mrs. —

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chas Ruppell

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Arthur Atkinson M.D.

Address,

119 N Charles St

Remarks,

RETURN OF A BIRTH ⁷⁴⁴¹⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *sep 29 1884*

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
name: George Howard Little

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *sep 29*

4. Place of Birth, (Street and Number) *No 110 Glenetta st. Ht.*

5. Full Name of Mother, *~~Charles B. Conroy~~ Clara B. Conroy*

6. Mother's Maiden Name, *Clara B. Conroy*

7. Mother's Birthplace, *Baltimore city*

8. Full Name of Father, *Thomas H. Little*

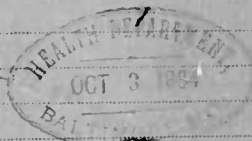
9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return *mid wife Mary S. Dennis*

Address, *DU 2 People Play Ball city*

Remarks,



of the parents, and the maiden name of the mother of such child or children.

in the State of Maryland, or in any other State, Territory, or Possession of the United States, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) 11 lb
3. Date of Birth 27 Sep 1884
4. Place of Birth, (Street and Number) 178 S Warton st
5. Full Name of Mother, Franzer Bauer
6. Mother's Maiden Name, Pratt
7. Mother's Birthplace, Balt Md
8. Full Name of Father, John Bauer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Raupach

Address,

Remarks,

certificates, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should to other person be attended, the person so attending shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 29th 1884.

4. Place of Birth, (Street and Number)

15-7 S. Charles St.

5. Full Name of Mother,

Sophia Rose.

6. Mother's Maiden Name,

" Lewey.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Joseph H. Rose.

9. Father's Occupation,

Cattle Dealer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall, M.D.

Address,

152 Sharp St.

Remarks,

certificate between the first and third day of each and every month, and every midwife, or practitioner of midwifery, or any other person, who shall be found guilty of neglecting to file such certificate, shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth 29 Sept.

4. Place of Birth, (Street and Number) 43 President

5. Full Name of Mother, Demanto Donna

6. Mother's Maiden Name, Bähly

7. Mother's Birthplace, Italy

8. Full Name of Father, Gerya Donna

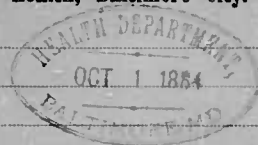
9. Father's Occupation, Musicianer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard street

Remarks, _____



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of the child to the Office of the Commissioner of Health, in the manner and within the period above provided, and any such person who shall neglect to do so, shall be subject to a fine of ten (10) dollars, and the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

74420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Sept 29 of 84

4. Place of Birth, (Street and Number) N. Eden St No 131

5. Full Name of Mother, Henrietta Jones

6. Mother's Maiden Name, Linder

7. Mother's Birthplace, Baltio Md

8. Full Name of Father, Abraham Jones

9. Father's Occupation, Sales man

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, Mrs H. M. M. M.

Address, 18 Hollands St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or attend to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

29th September 1884

4. Place of Birth, (Street and Number)

91 N. Poppleton St.

5. Full Name of Mother,

Rosetta G. Colburn

6. Mother's Maiden Name,

Rosetta Crowley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul S. Colburn

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

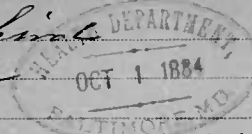
Name of Medical Attendant, or other Person who makes this Return.

W. H. G. Colburn

Address,

363 7th Street

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person who has charge of the child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above provided, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered by the State.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *35*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Sept 29. 1884*

4. Place of Birth, (Street and Number) *23 Rose St*

5. Full Name of Mother, *Mary Thomas*

6. Mother's Maiden Name, *Mary Parlett*

7. Mother's Birthplace, *Miss*

8. Full Name of Father, *Wm Thomas*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *St Marys Co Md*

Name of Medical Attendant, or other Person who makes this Return, *Jane Woodland*

Address, *[Signature] 1600 North*

Remarks,

74424

§ 170.10. (a) If the mother or father of any child shall neglect the attendance of a physician, or of a practitioner of medicine, or of other person to be in attendance upon the mother, immediately thereafter, it shall be deemed a misdemeanor for the parent of such child to report to the Board of Health, in the manner, and at the time, and to the person, provided by law, that such child has been born illegitimate, and that the mother or father of such child has failed to comply with the provisions of the laws relating to the same, and that such parent has committed such offense, to be recovered as other fines and penalties are recovered for such offense, for a term of ten dollars.

HEALTH DEPARTMENT
OCT 3 1884
DETROIT OFFICE

- Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Remarks, _____

74425

SEP 30 1884
BALTIMORE MD

52

Name: Laura Horstmeier

Sept. 29th / 884.

27 Hudson St

Emma Horstmeier

" Thing
D. 15

Balto

John Westmire

E. L. Hornstine Hon. Stearns Plaining Hill.

Balt

Strapsherkend med

88' 2 Balto H-

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Persons, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the mother, or of the father, in the manner and within the period above prescribed, to deliver the said certificate to the Registrar of Vital Statistics, and any such person or persons who shall heretofore fail to do so, shall be subject to the fine of ten (10) dollars for each failure to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

33 31 1894

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 29 th 1894

4. Place of Birth, (Street and Number)

No. 193 Hamburg st.

5. Full Name of Mother,

Caroline Hess

6. Mother's Maiden Name,

Grames

7. Mother's Birthplace,

America

8. Full Name of Father,

John Hess.

9. Father's Occupation,

Boiler

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return,

J. Schaeffer midwife

Address,

330 Hanover st.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a birth certificate between the first and third day of each month to the Office of the Commissioner of Health. In case the birth certificate is not delivered, the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the practitioner or practitioner of midwifery to report his birth to the Commissioner of Health, in the manner and within the period above specified. In compliance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each default to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th September 1884

4. Place of Birth, (Street and Number) No 3 Pine St

5. Full Name of Mother, Mary W. Adams

6. Mother's Maiden Name, Mary Ruffel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philipp Gehring

9. Father's Occupation, Weaver

10. Father's Birthplace, Linenmaier

Name of Medical Attendant, or other Person who makes this Return, John A. Schaefer

Address, No 128 West St

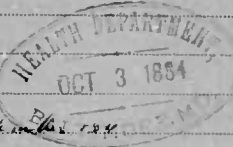
Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or other person who is in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner or other person who is in attendance upon the mother, to sign and deliver the said certificate, in the manner and within the period above provided, to the Registrar of Vital Statistics, and any such person who shall fail to do so, shall be subject to a fine of ten (10) dollars for each offence to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th September 1884*
4. Place of Birth, (Street and Number) *No 123 Franklin St*
5. Full Name of Mother, *Lizzie Keenan*
6. Mother's Maiden Name, *Lizzie Keenan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Keenan*
9. Father's Occupation, *Book Keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Lizzie Keenan*
- Address, *1012 N. 1st St*
- Remarks,

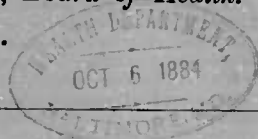


condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 74429

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White Race

Sept 22nd 1884

66 Light St.

Louisa Egan

Maria

Prussia

Carl Gust. Simon

Painter

Prussia

Anna Egan

634 Light St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 31, 1884

4. Place of Birth, (Street and Number) 11 248 Harford Avenue Balto Md

5. Full Name of Mother, Chara Polson

6. Mother's Maiden Name, Trager Trager

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Frank Polson

9. Father's Occupation, Seaman

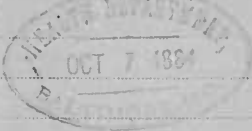
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

certificates, between the first and third day of each and every month, to the Registrar of Births, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so failing to comply with the provisions of this act, to pay to the Registrar, and to the person or persons who may be appointed by the Board of Health, a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 18th 30

4. Place of Birth, (Street and Number) 37 East st

5. Full Name of Mother, Lorrain mason

6. Mother's Maiden Name, Lorrain Bates

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Albert mason

9. Father's Occupation, waiter

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mrs Leab Johnson

Address, 114 Edyard st

Remarks, healthy child

NOTE: In any case of still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

74432

name, his or her physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- Remarks,

First
Male
white
30th Sept 1884
98 Chesapeake St
Agnes
Baton
Baton U.S.
Thomas Collins
Robert
Baton U.S.
E. J. Williams U.S.
532 Black St

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks.

3rd

female

African

Sept 30th

98 Sterling

Sarah J. Reddy

Sarah J. Draper

Balt Co

Wm H Reddy

Drayman

Annapolis

David V. Moyce MD

192 Augusta St

City



1884

71432

accrues, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule. In case the birth of a child is reported to the Registrar of Vital Statistics, Baltimore City, by a person other than the practitioner, the said person shall be liable to a fine of ten dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 5th & 6th child.*

1. Sex, (state whether male or female) *every female.*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth. *30th September 1884.*

4. Place of Birth, (Street and Number) *14th Randall Balto. Md.*

5. Full Name of Mother, *Mary Freis.*

6. Mother's Maiden Name, *Reisberg.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Frederick Freis.*

9. Father's Occupation, *Workman.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *no.*

Address, *Caroline Schwan No. 5 Elisabeth*

Remarks, *Lane, Balto. Md.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 The

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, 30 September

4. Place of Birth, (Street and Number) *241 Ann Street*

5. Full Name of Mother, *Loise Laner*

6. Mother's Maiden Name, Spengler

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, Lorentz Spengler

9. *Father's Occupation,* Baker

10. *Father's Birthplace*,... *Baltimore*

Name of Medical Attendant, or other Person who makes this Return Marie Guttner

Address: John G. Schuch 245 S. Wolfe Street

Remarks. *conditum* 265 *glacium*

thenceforward, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

HEALTH DEPARTMENT,
OCT 6 1884

74436
2nd
white
Colored
Sept 30th 1884
2211st Broadway St
Rachel T. Kellum
" " Hyman
New Brunswick Co
Henry Kellum
Brickmaker
Galveston Texas
Levy Lockman
25 First St

71437

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offence to be recovered by the State, or other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
OCT 3 1884
Baltimore, Md.

[Faint handwritten scribbles]

W. L. G.

30 of September 1924

No. 133 West St

Mary Ruby

Mary Henry

Ed. H. Stone

Joseph Daily

Ernest Baker

Baltimore

Subura leucophaea

12. 12. 1991

Murphy & Co., City Printers and Stationers.

certificates, between the first and third day of each and every month, to be made by the physician, or of a practitioner of midwifery, who has attended the birth of any child, shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person authorized by law to make such certificates, shall be deemed to be in violation of the provisions of the Act, and the person so offending shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *30th of Sept.*

4. Place of Birth, (Street and Number) *Selair Road.*

5. Full Name of Mother, *E. Lorenze*

6. Mother's Maiden Name, *" Skill*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Lorenze*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Address, *1234 Caroline St.*

Remarks,



74440

2 1 1984

Children

Adult Female

White

30 day of September

230 Columbia Ave.

Katie Kirkner

Katie Smith

Germany

Edward J. Kirkner

Barber.

Germany

Mrs. Minch

1 little Yeal St

Remarks,

Murphy & Co., City Printers and Stationers.

State, as to their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sep 30. 1884

4. Place of Birth, (Street and Number)

309 N. Guilmore St.

5. Full Name of Mother,

Alice J. Jones

6. Mother's Maiden Name,

Dixon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos. A. Jones

9. Father's Occupation,

Carpenter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewster M.D.

Address,

18 McCulloch St.

Remarks,



For each child, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending, or of the mother, to report its birth to the Office of the Commissioner of Health, and to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Kind

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Children den 30th September

4. Place of Birth, (Street and Number)

N^o 202. S. Dallas St.

5. Full Name of Mother,

Henrikke Tessel

6. Mother's Maiden Name,

Henrikke Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Schroth Tessel

9. Father's Occupation,

Blechschmidt

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address, N^o 202. S. Dallas St.

Remarks,

Hebarme

of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should such other person as may be present at the birth of such child to report its birth in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd OCT 7 1901
BALTIMORE

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

September 30th

4. Place of Birth, (Street and Number)

Hanford Ave

5. Full Name of Mother,

Catherine M Cambridge

6. Mother's Maiden Name,

Hyland

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John M Cambridge

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miss L. L. L.

Address,

228. N. ...

Remarks,

between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a Return of Birth to be made and filed in the Office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *30 September*

4. Place of Birth, (Street and Number) *Castelstr. No. 18*

5. Full Name of Mother, *Mari Deinlein*

6. Mother's Maiden Name, *" " Detzel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Deinlein*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Wis. Mauser*

Remarks, *Leonard St. M 248*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

74446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Norman Golotsin*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 30 of Sep. 1884

4. Place of Birth, (Street and Number)

No 120 Love St

5. Full Name of Mother,

Rebecca Gershberg

6. Mother's Maiden Name,

Rebecca Goltsin

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Samuel Goltsin

9. Father's Occupation,

Painter

Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ch. Lauer

Address,

No 173 Maryland

Remarks,

Baltimore

1884

provision of this section, shall be subject to the fine of ten (10) dollars.

Missing

74447-74449

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 28*

4. Place of Birth, (Street and Number) *Edwards Smith*

5. Full Name of Mother, *Edwards Smith*

6. Mother's Maiden Name, *Edwards*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Smith*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. J. Smith*

Address, *121*

Remarks.

and shall be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the date of the birth, and shall be subject to the same provisions as other birth records. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be authorized to make such use of the information furnished on this return as he may deem proper, and shall be exempt from any liability for the disclosure of the same. The Registrar of Vital Statistics, Board of Health, Baltimore City, shall be authorized to make such use of the information furnished on this return as he may deem proper, and shall be exempt from any liability for the disclosure of the same.

7115

[illegible]

White

State.....

September 29 - 1884

Park St. No 5

carry Snider

carry. *Monroe*

Baltimore

William J. Anderson

Letter

Baltimore

Mr. E. G. R.

AP 797 Coast A

TAYLOR, K. J.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

No 84 South Carey Street

4. Place of Birth, (Street and Number)

31st September 1884

5. Full Name of Mother,

Katie Schoeman Schanfeldt

6. Mother's Maiden Name,

Katie Schoeman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Schanfeldt

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. Schuch

Address,

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or parents of such child, or any such person or persons who shall be liable to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 18th. 1884*

4. Place of Birth, (Street and Number) *151 Sterling St.*

5. Full Name of Mother, *Emilia Heller*

6. Mother's Maiden Name, *Emilia Rollert*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Robert Heller*

9. Father's Occupation, *Glass Engraver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *M. J. Butt.*

Address, *185 S.E. cor. Central av. & Monument St.*

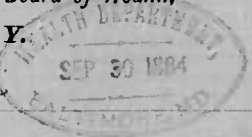
Remarks, *All Well*

Persons at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 19th. 1884*
4. Place of Birth (Street and Number) *No. 7 Oak St.*
5. Full Name of Mother *Katie Sass*
6. Mother's Maiden Name *Hehrman*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Chas. Sass*
9. Father's Occupation *Boiler-Machinist*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *O. K. Merrick*
- Address *209 W. Biddle St.*
- Remarks

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or parents of such child, in default of report, shall be liable to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th.*

1. Sex; (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 17th, 1884*

4. Place of Birth, (Street and Number) *No. 23 Miller St.*

5. Full Name of Mother, *Millicenia Miller*

6. Mother's Maiden Name, *Harrell*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frederick Miller*

9. Father's Occupation, *Cabinet-maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *M. J. Galt*

Address, *185 S. E. cor Central av. & Monument St.*

Remarks, *All Well.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 20th. 1884*
4. Place of Birth, (Street and Number) *157 E. Biddle St.*
5. Full Name of Mother, *Cath. Thalheimer*
6. Mother's Maiden Name, *Cath. Gang.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *John Thalheimer*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *M. V. Bitt.*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*

Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, or to any child upon the birth of which the practitioner is immediately thereafter it shall become the duty of the practitioner to report its birth to the Registrar of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are re-enacted.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *See M*

any person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *female* OCT 1 1884
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 13rd 1884*
4. Place of Birth, (Street and Number) *No. — Chester St.*
5. Full Name of Mother, *Frances Hall*
6. Mother's Maiden Name, *Frances Almer*
7. Mother's Birthplace, *Chicago*
8. Full Name of Father, *John Hall*
9. Father's Occupation, *Wagon Driver*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, *M. J. Butts* or other Person who makes this Return.
Address, *185 S.E. cor. Central av. & Monument St.*
Remarks, *All Well*

[illegible]

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner if, in force of a permit to practice, he is a duly licensed physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so licensed, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

711460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

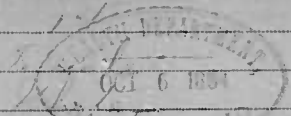
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{ed}*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 24th 1884*

4. Place of Birth, (Street and Number) *No. 275 E. Monument St.*

5. Full Name of Mother, *Annie Thomas*

6. Mother's Maiden Name, *Annie Fehsler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. Thomas*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mc. A. Buff*

Address, *185 J.E. cor. Central av. & Monument St.*

Remarks, *All Well*

shall be delivered, duly signed by the practitioner in the form of a certificate be when the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur without the attendance of a physician, or other person, the duty of the person or parent of such child, to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be and as other dues and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, within the time specified in the certificate, and to pay the fee of ten (10) dollars for each office to be received by the Commissioner of Health, as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, as reported its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars, and in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{ed}*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 27th. 1884*
4. Place of Birth, (Street and Number) *93 Eyster St.*
5. Full Name of Mother, *Amelia Percy*
6. Mother's Maiden Name, *Amelia Dennis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Lewis Percy*
9. Father's Occupation, *Jewelry Smith*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *M. A. Bull.*
Address, *185 S.E. cor. Central av. & Monument St.*
Remarks, *All Well*

Missing
74464

verifiable, but even the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, he should be notified by the Board of Health, and if he fails to appear, he shall be liable to a fine of ten dollars. If any person or persons shall be notified by the Board of Health, and shall fail to appear, he shall be liable to a fine of ten dollars. If any person or persons shall be notified by the Board of Health, and shall fail to appear, he shall be liable to a fine of ten dollars. If any person or persons shall be notified by the Board of Health, and shall fail to appear, he shall be liable to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 8, 1894

4. Place of Birth, (Street and Number)

2 Kelly Street

5. Full Name of Mother,

Mary Rudolf

6. Mother's Maiden Name,

Ullrich

her's Birthplace,

Germany

8. Full Name of Father,

Charles Rudolf

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address,

61 Penna Ave

Remarks,

22/11

[illegible]

2

MADEIRA DEPARTMENT

OCT 8 1964

September 27, 1891

87 Penna Ave

Laura Hayden

CS 101

Baltimore

George Haysen
Lover

Lager-

Baltimores

Mrs. Louis E. Kraft,

61 Penna Ave

Remarks, _____

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with this provision shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 11 / 14

4. Place of Birth, (Street and Number)

18 Argyll av

5. Full Name of Mother,

Julia Bettelbacher

6. Mother's Maiden Name,

Kleinmohr

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

Guertens Bettelbacher

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Barren, Germany

Name of Medical Attendant, or other Person who makes this Return.

Edward P. Mendenhall

Address,

57 Cityville St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

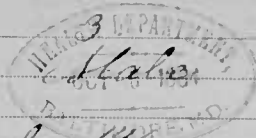
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



September 14, 1894

45 Park Ave

Sda Larrow

Bernhard

Baltimore

Ludwig Larrow

Laborer

Germany

Mrs. Louis K. Krieger

61 Penna Ave

Birth of every child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the attending physician, or of a practitioner of midwifery, or by the parent or other person having charge of the child, within the period allowed by law. If the child is born dead, or if the parent or other person having charge of the child, fails to report the birth, he shall be liable to a fine of not less than five dollars, nor more than ten dollars, for each offense, to be recovered as other fines and penalties are recoverable.

Chick

71470

Name of child: John H. Smyth
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

HEALTH DEPARTMENT
At a Rec.
JUN 10 1900

11-10-18

September 14/84

556 Sultanah
Dora (Sultanah) Smyth

Don't (G) smyth

Springer

John Samuel

John (P. ~~Smith~~)

Restaurant

German

Mr. Louise Kraft.

61 Penna Ave

Remarks,

[illegible]

place of the birth, and the said schedule shall be delivered daily, signed by the practitioner, to the form of a certificate, between the first and third day of October, or every fourth, to the Board of Health, or to the Registrar of Births, or to any other person he in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner to file the said certificate in the office of the Registrar of Births, and to retain the same for the purpose of being subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3
MEXIC
September 14, 1871
235 Baltimore Street
Lieselbeth Kellert
Klingelhoefer
Baltimore
George Kellert
Laborer
Baltimore
Mrs. Louise Knapp
61 Penna Ave.

9/14/2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name.*7. *Mother's Birthplace,* ...

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

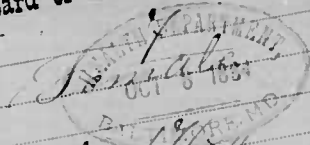
10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return



September 17/94
 215 Canton Ave
 Mary Goldchance
 Samuel
 Baltimore
 George Schildcrant
 Labor
 Baltimore
 Mrs. Louise Thiel
 215 Canton Ave

It is the duty of every mother to file this Return of a Birth with the Board of Health, Baltimore City, within ten days of the birth of her child. If she fails to do so, she shall be liable to a fine of not more than five dollars, and the Board of Health may cause the child to be removed to a hospital, and the mother to be confined, and the child to be placed in the care of the Board of Health, until such time as the mother shall be able to take care of the child. The Board of Health may also cause the child to be placed in the care of the Board of Health, until such time as the mother shall be able to take care of the child. The Board of Health may also cause the child to be placed in the care of the Board of Health, until such time as the mother shall be able to take care of the child.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should so other person report its birth to the Commissioner of Health, the duty of the person or persons of such child, to report its birth to the Commissioner of Health, shall be null and void, and any such person or persons who shall be guilty of such offence, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 18th 1884

4. Place of Birth, (Street and Number)

F.B.C. Thelen Eschschs

5. Full Name of Mother,

Alcinda Kain

6. Mother's Maiden Name,

" Nelson

7. Mother's Birthplace,

Montgomery Co. Md.

8. Full Name of Father,

Joseph H. Kain

9. Father's Occupation,

Briggish

10. Father's Birthplace,

Shelling Off Va

Name of Medical Attendant, or other Person who makes this Return,

Edward P. M.D. M.D.

Address,

524 Asylum St

Remarks,

14175

HEALTH REGIMENT,
SEP 8 1924
BALTIMORE, MD.

the first and third day of each and every month to the Board of Health, to cause the same to be recorded in the minutes of the Board of Health, to cause the birth of any child shall occur without the attendance of a physician, or of a midwife or other person he is liable to be adjudged upon the mother, inhumanely thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the birth and death of an infant child, and in any case of persons who are hereby made liable to be subjected to any fine or to a prison term for each offense, to be recovered as other fines and penalties are recoverable, between the first and third day of each and every month to the Board of Health, to cause the same to be recorded in the minutes of the Board of Health, to cause the birth of any child shall occur without the attendance of a physician, or of a midwife or other person he is liable to be adjudged upon the mother, inhumanely thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the birth and death of an infant child, and in any case of persons who are hereby made liable to be subjected to any fine or to a prison term for each offense, to be recovered as other fines and penalties are recoverable,

- Vol. 472 PRINTED AND STATIONERY.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 20th 1894*
4. Place of Birth (Street and Number) *13 Constitution*
5. Full Name of Mother *Jennie H. Boston*
6. Mother's Maiden Name *" " Killmound*
7. Mother's Birthplace *City*
8. Full Name of Father *Geo. W. Boston*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Somerset Co. Md.*
- Name of ~~Attendant~~ *Address*, or other Person who makes this Return. *283 W. Eden St*
- ~~Address~~ *Name*. *E. B. Henry, M.D.*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Missing

74477

11/17/87

seriously, between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any child person be in attendance upon the mother, immediately thereafter it shall then become the duty of the father or guardian of such child to report the birth to the Board of Health, within the period above specified, except in the case of the birth and death of legitimate children, and any husband or person who may have failed to comply with the requirements of this section shall be subject to a fine of not less than five dollars nor more than ten dollars, to be recoverable.

3

Heute

September 21/81

1107 Sardasni. H.

Lisbeth Larsson

Heidel

J. Hernandez

Bundaberg, Australia

Labrador

Germany

Mr. Louise K. K.

61 Penna. Ave.

RETURN OF A BIRTH

74479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

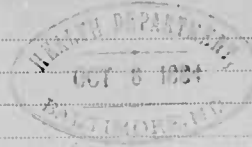
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause the birth to be recorded in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine often (15) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 24 1884

4. Place of Birth, (Street and Number)

4 Colman St

5. Full Name of Mother,

Emma R. Kelly

6. Mother's Maiden Name,

Nolan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernard J. Kelly

9. Father's Occupation,

machinist

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other Person who makes this Return.

Edward J. Winters

Address,

54 Myrtle St

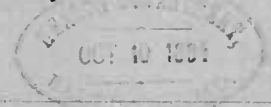
Remarks,

Dr. Give you an apology for not recording sooner as they had escaped my memory

RETURN OF A BIRTH.

74481

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether ~~Male~~ or Female) *Female.*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *23rd September*
4. Place of Birth (Street and Number) *112 Welcome alley*
5. Full Name of Mother *Martha Baden.*
6. Mother's Maiden Name *Martha Banks.*
7. Mother's Birthplace *Calvert Co.*
8. Full Name of Father *Thomas Baden.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Calvert Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Margaret Wilson*
- Address *111 Welcome alley.*
- Remarks

RETURN OF A BIRTH 7/1/482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *first child*
female
2. Race or Color, (if not of the white race) *American, white*
3. Date of Birth, *Friday, September, 26, 1884.*
4. Place of Birth, (Street and Number) *Free 135 S. Fremont St*
5. Full Name of Mother, *Mrs. Cora Bell Watts*
6. Mother's Maiden Name, *Miss Cora ^{Belle} M. Curdy*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr. James Watts*
9. Father's Occupation, *car maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Beane*
- Address. *426 Cross St*
- Remarks. *No remarks to be made*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

74483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 28 / 84

4. Place of Birth (Street and Number)

108 Townsend St

5. Full Name of Mother

Minnie Hason

6. Mother's Maiden Name

Minnie Sayers

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Hason

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. O. James M.D.
41 N. Leary St

Address

Remarks

penalties between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person who shall have caused the birth of the child, to report the birth of the child to the Board of Health, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 29 1884

4. Place of Birth, (Street and Number) 422 23 Division

5. Full Name of Mother, M. E. Wright

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Balto. Co. Md.

8. Full Name of Father, Michael Wright

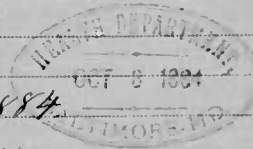
9. Father's Occupation, Builder

10. Father's Birthplace, Pikesville Balto. Md.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M.D.

Address, 506 Madison Ave.

Remarks, _____



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 8 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 30th / 94

4. Place of Birth, (Street and Number) 97 E Madison St

5. Full Name of Mother, Mrs. Chas F Mitcalfe

6. Mother's Maiden Name, Alice Berry

7. Mother's Birthplace, Va

8. Full Name of Father, Chas F Mitcalfe

9. Father's Occupation, Engineer W.M. R.R.

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return H F Hill M.D.

Address, 123 Edmondson Ave

Remarks,

28/11/7

rd of Health, Baltimore
OCT 8 1884
F. T. ... MD.
T. ...

OCT 8 1884

Twine

September 30/54

14 Co abstract

Harry Hertzberg
Foster

Sister

Baltimore

Frank B. Mayhew

Schwarzrabe

Baltimore

Mrs. Louis E. Hunt

O. L. Pennel & Son.

0

THE UNIVERSITY OF CHICAGO PRESS

721487
H

[illegible]

A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD" is curved along the bottom inner edge. In the center, the date "OCT 3 1894" is stamped in a straight line. The stamp is slightly faded and has a textured, aged appearance.

Septemder 30/84

1494, H. Prillstreet

Justino Lima

Helen

Germany

Philip Seymour

Cigar-maker

Генерал

Mr. George Kraft

O'Brien, M.

Address.

Remarks.

83777

10. MAY 1904

108

State a Tennessee

1.

September 30/84

48 Thames St.

Walter Gropius

Striegelsheim

Boone

Harvey Gottschalk

Salver

Germany

Mrs. Louis C. K. 60

Person who was Laid out
his Return
61 Penna Ave

Trains.

CITY PLANTER AND STATISTICS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74490

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male twins
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 1st 188
4. Place of Birth (Street and Number) 458 76 Mount St
5. Full Name of Mother Agnes E. Gore
6. Mother's Maiden Name Agnes E. Ford
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father Just Gore
9. Father's Occupation Apprentice Business
10. Father's Birthplace Fredericksburg Va
Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. H. H. H. H.
Address For Lafayette and Strick
Remarks



should in other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed by the laws of this State, and the parents of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

74491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

First of October

4. Place of Birth, (Street and Number)

20 Corner North Ave Towson

5. Full Name of Mother,

Lizzie Williams

6. Mother's Maiden Name,

Lizzie Mahan

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

William H. Williams

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Lizzie Shaffler

Address,

Corner North Ave Towson

Remarks,

Birth of any child and occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 b. child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 1st 1884

4. Place of Birth, (Street and Number) 34 Barks St

5. Full Name of Mother, Mary Bond

6. Mother's Maiden Name, Ehart

7. Mother's Birthplace, Germany

8. Full Name of Father, John Samuel Bond

9. Father's Occupation, Iron Roller

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Wiley

Address, No 12 Patterson Park ave

Remarks, The Baby died 8 of October p. andous

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report the birth to the Commissioner of Health within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 1st

1884

4. Place of Birth, (Street and Number)

83 East

Bank St

5. Full Name of Mother,

Mary Tarubier

6. Mother's Maiden Name,

M. Mahsterner

7. Mother's Birthplace,

Austria

8. Full Name of Father,

George Tarubier

9. Father's Occupation,

Brick layer

10. Father's Birthplace,

Austria

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Rumpach Mid. Wif.

Address,

Remarks,

7/11/94

and if any crime thus occur without the attendance of a physician or practitioner of midwifery, or should no other person be called in to attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. H. Child
 March 6 1884

1884

[Handwritten signature]

The 1st October 1884

No 84 Lowell Mass

Eliza Lewis

Elia Nier

Baltimore

John Lewis

Cigar Maker

Bellinzi

Mr. E. L. Lauer

Ma 173 Harvard Ave

Baltimore Md.

1884

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *1 Oct 84*
4. Place of Birth (Street and Number) *Baltimore Stockton St No 25.*
5. Full Name of Mother *Malinda Taylor*
6. Mother's Maiden Name *Malinda Johnson*
7. Mother's Birthplace *North Carolina*
8. Full Name of Father *Washington Taylor*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mills.*
- Address *No. 61 Stockton st*
- Remarks *doing well.*

74196

[illegible]

1st Female

Fennell

White

Oct 1st 1884

612 S. Charles St.

Sarah W. W.

" " " "

Handwritten signature: *Handwritten*

Wayland
H. P. O. T.

George W.
W.

James
D. L.

Who Theodore Cook M.H.

146 Pioneer St fire 45

10/01/2014 10:00:00 AM

117 MINUTES AND STATIONING

in case the
midwifery, or
it shall then become the
duty of the parent or person
writing the record above
to sign the name of the
person or persons who
shall be subject
to a fine of ten dollars
for each offense, to be recovered as other fines and
penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

OCT 3 1884

3. Date of Birth,

first Oct.

4. Place of Birth, (Street and Number)

267 E. Pratt St

5. Full Name of Mother,

Elizabeth Johnson

6. Mother's Maiden Name,

Elizabeth Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James R. Johnson

9. Father's Occupation,

Carpenter & Gas Fitter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. W. Wooden

Address,

120 Greenmount Ave.

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or should the parent or parents of such child to report the birth to the Board of Health, in the manner, and at the time, and place, and by the person or persons, as herein provided, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2d)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

First of October 1st, 1884

4. Place of Birth, (Street and Number)

Mc Eldeny Street Extended near P. Park Avenue

5. Full Name of Mother,

Mrs. Louisa Hoffman

6. Mother's Maiden Name,

Mrs. Louisa Cole

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Samuel J. Hoffman

9. Father's Occupation,

Boon Dealer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who
makes this Return

Mr. H. Glendinen M.D.

Address,

No. 102 North Broadway

Remarks,



(Not numbered)

In case the mother is unable to sign, the signature of the father, or in case the father is unable to sign, the signature of the mother, or in case both are unable to sign, the signature of the nearest relative, or in case no relative is known, the signature of the midwife or other person who attended the birth, shall be substituted. In the manner, and to the effect, above provided, the birth of every child born in the city of Baltimore, in the manner, and to the effect, above provided, shall be reported to the Office of the Registrar of Vital Statistics, and the birth of every child born in the city of Baltimore, in the manner, and to the effect, above provided, shall be reported to the Office of the Registrar of Vital Statistics, and the birth of every child born in the city of Baltimore, in the manner, and to the effect, above provided, shall be reported to the Office of the Registrar of Vital Statistics.

RETURN OF A BIRTH

74100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Oct 1/84

4. Place of Birth, (Street and Number) 50 N. Caroline

5. Full Name of Mother, Clara Cooper

6. Mother's Maiden Name, Edney

7. Mother's Birthplace, Wicomico Co.

8. Full Name of Father, Joseph Cooper

9. Father's Occupation, Caulker

10. Father's Birthplace, Bl.

Name of Medical Attendant, or other Person who makes this Return J. L. Morrison

Address, 77 S. Broadway

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance, the birth shall be reported to the Commissioner of Health, in the manner and within the time provided in this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

745.01

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 October 1884

4. Place of Birth, (Street and Number) No. 82 Baltimore Ave.

5. Full Name of Mother, Burba Appel

6. Mother's Maiden Name, Burba Swit

7. Mother's Birthplace, Byron

8. Full Name of Father, John Appel

9. Father's Occupation, Comptroller

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Julia (Schubert)

Address, 401 N. High St.

Remarks, _____



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should another person be in attendance when the mother immediately thereafter, it shall then become the duty of the person so attending, to report the birth to the nearest Registrar, within the period above prescribed, except in the cases of the births and deaths of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this Act shall be subject to a fine of ten dollars, which offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of October 1884*
4. Place of Birth, (Street and Number) *33 Corner Wolf and Madison St*
5. Full Name of Mother, *Adelena Reitz, Widberger*
6. Mother's Maiden Name, *Adelena Reitz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Reitz*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
Address, *77 North Chapel Street for Justina Kunkel*
Remarks, *Healthy*

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect to do so, shall be liable to the fine of ten (10) dollars, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷¹¹⁵⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 1, 1884

4. Place of Birth, (Street and Number) Cor Hudson & Curley streets

5. Full Name of Mother, Margaret Gouchie

6. Mother's Maiden Name, Margaret Brooks

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles Gouchie

9. Father's Occupation, Car maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Sullivan

Address, 104 Curley street

Remarks, _____

certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the time herein provided, and shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10th Child*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 1st 1881

4. Place of Birth, (Street and Number)

491 Larnale St.

5. Full Name of Mother,

Charlotte Hoffman.

6. Mother's Maiden Name,

Charlotte Force

7. Mother's Birthplace,

Brooklyn N. Y.

8. Full Name of Father,

George H. Hoffman

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

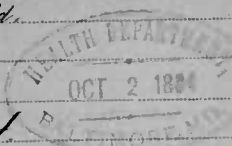
John P. Powell, M.D.

Address,

237 N. Carrollton Ave.

Remarks,

Child Healthy.



RETURN OF A BIRTH ⁷¹⁵⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Signed
Female

White

October

OCT 2 1884

7. 1884

40. Market Space

Ralle Schwartz

Oberländer

Kurland Russia

Moses Schwartz

Tailor

Russia

Rutha Justman

6. E. Lombard St

Baltimore Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 1st 1884

4. Place of Birth, (Street and Number)

No 3 Atna Lane

5. Full Name of Mother.

Bluma Kaufman

6. Mother's Maiden Name,

Bluma Granicky

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Isaac Kaufman

9. Father's Occupation,

Tailor

Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Rivka Justman

Address,

6 E Lombard St

Remarks,

Baltimore Md

Write six days preceding, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

711507

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 2nd 1884*
4. Place of Birth (Street and Number) *547 Franklin St*
5. Full Name of Mother *Flora Cator*
6. Mother's Maiden Name *Flora*
7. Mother's Birthplace *Eastern Shore Md.*
8. Full Name of Father *Dr. R. Cator*
9. Father's Occupation *Physician*
10. Father's Birthplace *Warford Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Jones M.D.*
- Address *41 N. Carey St*
- Remarks

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should go other person, or persons who shall be present at the birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be present at the birth, shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

741508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

OCT 7 1894

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 3rd 1894

4. Place of Birth, (Street and Number)

22 Church St

5. Full Name of Mother,

Sarah Ellen White

6. Mother's Maiden Name,

Sarah Ellen Parnass

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Patten White

9. Father's Occupation,

Wood Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. A. Gathell

Address,

28 Warren Ave.

Remarks,

RETURN OF A BIRTH ⁷⁴⁵⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. third*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *October 2 1884*

4. Place of Birth, (Street and Number) *55 South Taux St.*

5. Full Name of Mother, *Maria Grofe*

6. Mother's Maiden Name, *Maria Brenn Miller*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Charles Grofe*

9. Father's Occupation, *Varnisher*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Wm. Kunigund Schlicher*

Address, *20 Columbia St*

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

1854

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Murphy & Co., Ltd. Importers and Distributors.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the birth shall be registered by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. second

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 2, 1884

4. Place of Birth, (Street and Number)

362, Grob. St.

5. Full Name of Mother,

Rosa Herbitz

6. Mother's Maiden Name,

Rosa Koepf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul Herbitz

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

W. H. H. Schuler

Address,

20 Columbia St.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth October 2d 1881

4. Place of Birth, (Street and Number) Baltimore Clanton St. No. 28

5. Full Name of Mother, Mary Bend

6. Mother's Maiden Name, Cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Band

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charles M. Kather

Address, William St. No. 144

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female) Female

3. Date of Birth, October 2 / 1884

5. Full Name of Mother, cecilia langley

6. Mother's Maiden Name, Elia Morgan

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, James K. Hoke Carleton

9. Father's Occupation. *Parent of police*

10. Father's Birthplace. *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, Mary Conner 171

Address, Patterson Park Canine

Remarks.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$40 (40) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 32

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 2ⁿ 1884

4. Place of Birth, (Street and Number) No. 26 Heath street

5. Full Name of Mother, Martha Decker

6. Mother's Maiden Name, Martha Browder

7. Mother's Birthplace, Virginia

8. Full Name of Father, Christian Decker

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hinton

Address, No. 658 S Charles St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 2nd 1884

4. Place of Birth, (Street and Number)

No 590 Light Street

5. Full Name of Mother,

Clara Hawkins

6. Mother's Maiden Name,

Clara Smith

7. Mother's Birthplace,

Baltimore city and

8. Full Name of Father,

Charles C. Hawkins

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore city and

Name of Medical Attendant, or other Person who makes this Return,

C. Hinton

Address,

No 658 S Charles Street

Remarks,

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 74516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 1 October

4. Place of Birth, (Street and Number) 74 Baltimore

5. Full Name of Mother, Mary Schermer

6. Mother's Maiden Name, Richle

7. Mother's Birthplace, Germany

8. Full Name of Father, Morris Schermer

9. Father's Occupation, Doctor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall disregard this provision, shall be subject to the fine of ten (10) dollars for each offense to be recovered in a summary proceeding in the Court of Common Pleas, and in other laws and ordinances are recoverable.

RETURN OF A BIRTH.

74517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth 2 October

4. Place of Birth, (Street and Number) 25-8 Wolf

5. Full Name of Mother, Emilia Feder

6. Mother's Maiden Name, Mueller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Feder

9. Father's Occupation, Conductor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E Lombard

Remarks, _____

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to give notice of the birth of such child to the Registrar of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and any person who shall be convicted of such offense, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

2 October

4. Place of Birth, (Street and Number)

5-6 Lombard

5. Full Name of Mother,

Christina France

6. Mother's Maiden Name,

Bart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius France

9. Father's Occupation,

Store-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

12. E. Lombard

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

74519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct. 1 1881

4. Place of Birth, (Street and Number)

113. Tyson St

5. Full Name of Mother,

Kate Water

6. Mother's Maiden Name,

7. Mother's Birthplace,

prussia family

8. Full Name of Father,

Henry Porter Lichtenman

9. Father's Occupation,

porter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Edmond S. H. H.

Address,

9. 4 Tyson St

Remarks,

RETURN OF A BIRTH.

74520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
OCT 9 1884

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first
female
white
Octob 3^d 1884
641 Hanover St.
Mary Catherine
Wanderhof
Baltimore
M. Frederick Haber
machinist
Germany
J. H. Smith M.D.
281 S. Charles St.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *3 October*

4. Place of Birth, (Street and Number) *12 Jefferson*

5. Full Name of Mother, *Annie Fitch*

6. Mother's Maiden Name, *Marrburg*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph B. Fitch*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Casper*

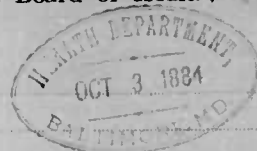
Address, *2 E. Lombard*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall be liable to a fine of ten dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 74522

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth,

4. Place of Birth, (Street and Number) 220 93 north Dallas st

5. Full Name of Mother, Annie Ridgely

6. Mother's Maiden Name, not married

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson

Address, 220 14 Edward St

Remarks, delicate child

certificates between the first and third day of each month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such mother who fails to do so shall be liable to the fine of ten (10) dollars for each offence in be received as other fees and forfeitures are recoverable.

RETURN OF A BIRTH 7/1/82 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Irish

3. Date of Birth, October 3rd 1887

4. Place of Birth, (Street and Number) Forest St. No 43

5. Full Name of Mother, Rachel Spauldner

6. Mother's Maiden Name, Rice

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Isaac Spauldner

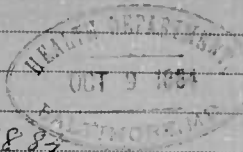
9. Father's Occupation, Baltimore Md

10. Father's Birthplace, L. Labourer

Name of Medical Attendant, or other Person who makes this Return, Wes R. Mieg

Address, 48 Hollander St

Remarks,



certificate between the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or person authorized by the Commissioner of Health, to report its birth, the parent or person so failing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3 6 child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 3, 1884

4. Place of Birth, (Street and Number)

Carlton Ave

5. Full Name of Mother,

Annie Wachter

6. Mother's Maiden Name,

Hanner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Wachter

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Wiley

Address,

No 12 Patterson Park

Remarks,

7/5/55

[illegible]

PA

male

white

October 3^d, 1884

No 20 Wyoming St.

Mrs Kate Janello

Katie Brickett

Genoa

Antonio Fournella

Fond render

Society

Hans Frieß

No 8 Smithy Point Galilee

M. L.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly qualified by the Board of Health, the person so attending shall become the subject of a fine of ten dollars, and shall be liable to be removed as an incompetent person. In case the birth of any child shall occur within the period above mentioned, except in the cases of the birth and death of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and shall be liable to be removed as an incompetent person.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 3 1884*

4. Place of Birth, (Street and Number) *Fayette #5*

5. Full Name of Mother, *Mrs Annie Stöcker*

6. Mother's Maiden Name, *Annie Baer*

7. Mother's Birthplace, *Bayern Murnberg*

8. Full Name of Father, *Anton Stöcker*

9. Father's Occupation, *Confectoonery*

10. Father's Birthplace, *Bayern Murnberg*

Name of Medical Attendant, or other Person who makes this Return *Mrs. H. J. G. G. G.*

Address, *No 28 N. Smith St Baltimore*

Remarks, *M. J.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wherever stating specially the date of birth, sex, race, color, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74538

To the Office of Registrar of Vital Statistics, Board of Health.

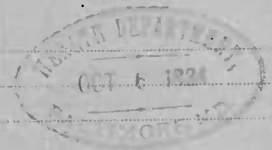
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct 3d*
4. Place of Birth (Street and Number) *158 S. Sharp St.*
5. Full Name of Mother *Ida E. C. Michman*
6. Mother's Maiden Name *Ida E. C. Effler*
7. Mother's Birthplace *City*
8. Full Name of Father *Ellis Michman*
9. Father's Occupation *Physician*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *E. Michman*
- Address *158 S. Sharp St.*
- Remarks

RETURN OF A BIRTH

74529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



At the birth of the child, and the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 3rd

4. Place of Birth, (Street and Number) 231 Pressman St.

5. Full Name of Mother, Mrs. M. H. Williams

6. Mother's Maiden Name, Rachel C. Stockdale

7. Mother's Birthplace, Md

8. Full Name of Father, M. C. Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return H. H. Hill, M.D.

Address, 23 Edmondson Ave.

Remarks.

711530

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above specified, except in the case of this fourth and fifth sections, the child shall be subject to a physical examination by a physician, or a practitioner of midwifery, or a duly qualified person, who shall be subject to a report of the results of such examination to the Board of Health, and to the recording of such results in the birth record of the child. Every parent or other person who fails and neglects to cause the birth of any child to be reported to the Board of Health, or to cause the child to be examined and its birth recorded, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment.

17th

Wm. L. Phelps

White

Oct 3rd 1884

31 Maple Ave

Aminda Walker

11. Thomas

[Handwritten signature]

Walter S. Walker

Subscribed and sworn to before me this 14th day of June 1904.

Valentine
1861

Wm. L. Cooke, M.D.

146 Hammond St per RD

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

CITY PRINCIPLES AND STATISTICS.

RETURN OF A BIRTH.

74531
JANUARY 5-28-57

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: William Allen Etheridge

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 3rd 1884

4. Place of Birth (Street and Number) 21 S. Broadway

5. Full Name of Mother Cora Rochester Etheridge

6. Mother's Maiden Name Cora Rochester Allen

7. Mother's Birthplace Cecil County Md

8. Full Name of Father Wm H Etheridge

9. Father's Occupation Dentist

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. W. Rockhill, M.D.
23 S. Broadway.
Md



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or submit to other person to be attended by any person, upon this mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT

OCT 12 1894

By Doctor

Oct the third 1894

Baltimore, Mulberry St. 48

Lettie Ann Carrill

Lettie Ann Harris

St Marys Cantle Md

George Carrill

Labayr

St Marys Cantle Md

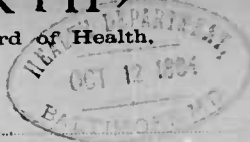
Miss Johnson

94 N. on St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Brown complexion

3. Date of Birth,

October 3rd 1884

4. Place of Birth, (Street and Number)

32 Davis

5. Full Name of Mother,

Louetta Cole

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Frederick Cole

9. Father's Occupation,

Stevordore

10. Father's Birthplace,

St Marys Co., Md.

Name of Medical Attendant,

or other Person who makes this Return

Amelia Johnson

Address,

6 Hamilton St

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall be present, and shall report its birth to the Commissioner of Health, in the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 3

1854

4. Place of Birth, (Street and Number)

12 Pearl St

5. Full Name of Mother,

Anna Brunner

6. Mother's Maiden Name,

Orat

7. Mother's Birthplace,

Kus-hessen Germany

8. Full Name of Father,

William James Brunner

9. Father's Occupation,

Wine Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return,

Susan Hunter

Address,

21 N. Poppleton St

Remarks,

2/4 ✓ 3 ✓

[illegible]

From the
Meadow
White

October 3rd 1884

234 Kensington LK

Магнус Пуске

Buechman

Baltimore

Williams H. Poole

Tobacconist

Baltimore

S. H. Sildner M. L.

Remarks.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Births, Deaths, and Marriages, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

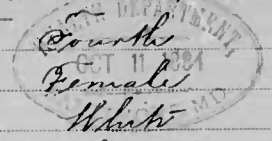
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return _____

Address, _____

Remarks, _____



Turner

Fourth
Female
White
October 11th 1884
203 N Canal St
Florence Wilson
Cole
Baltimore
John Wilson
Blacksmith
Baltimore

S. H. Aldner M. D.

S. E. Cor. Eager & Caroline Sts.

74538

[illegible]

5000
Fifth
General

for
terminal

When

October 10th 1881

203 A Canal Dr

Florence Wilson

Cote

Baltimore

Julius Wilson

Plasters

Baltimore

10. S. H. Seldner M. D.

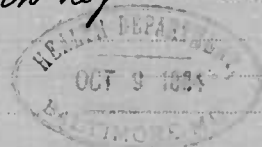
S. C. Co. Eager Caroline Lys

RETURN OF A BIRTH 74529

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 11, 10-54 B. BALTIMORE CITY

John Leyburn Whitehurst



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct-4th 1884

4. Place of Birth, (Street and Number)

308 Fulton Ave

5. Full Name of Mother

Minnie Whitehurst

6. Mother's Maiden Name,

Mathers

7. Mother's Birthplace,

Johnstown, Pa.

8. Full Name of Father,

John Thomas Whitehurst

9. Father's Occupation,

Dealer in Cils

10. Father's Birthplace,

Norfolk Virginia

Name of Medical Attendant,

or other Person who makes this Return

Charles Holmes

Address,

64 N. Street St

Remarks,

Number of Sides and of Children.

Be in attendance upon the mother in immediate danger of a difficult or protracted labor, or should to other person be in attendance upon the mother in immediate danger of a difficult or protracted labor, or should to other person report the birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7/15/10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three
1. Sex, (state whether male or female) Three male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4th 1884, one & one half in morning
4. Place of Birth, (Street and Number) No. 9 Park Ave
5. Full Name of Mother, Julia Ann Clarke
6. Mother's Maiden Name, " " Stansbury
7. Mother's Birthplace, Westminster Carroll County
8. Full Name of Father, Alfred Clarke
9. Father's Occupation, Practical Straw Hatte
10. Father's Birthplace, Boston Mass
- Name of Medical Attendant, or other Person who makes this Return, Susan Smith
- Address, 21st Poppleton St
- Remarks, _____

74541

of any other person be in at all times than the mother, immediately thereafter, if, and then, because the duty of the parent or parents is to be required to cause the child to be born to the level of Health, in the manner, and within the period above required, except the cases of the births and deaths of illegitimate children, and any person or persons who shall be required to comply with the provisions of the section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

First (1841)

Female

White

October 4th 1884

No. 1436 E. Fayette Street

Mr. Marion Cyle Bartlett

Miss Marion C. Cable

Pennsylvania

Mr Arthur T. Bartlett

Re. Road Conductor

C. Road & Conduct
Baltimore, Md.

Wm. H. Clendenen, M.D.

No. 102 N. Broadway

Remarks,

RETURN OF A BIRTH

7/15/42

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *4 OCT 1884*

4. Place of Birth, (Street and Number) *272 Mulberry St. Balt.*

5. Full Name of Mother, *Nora Barkman*

6. Mother's Maiden Name, *Wood*

7. Mother's Birthplace, *Stafford, Va*

8. Full Name of Father, *Frank Barkman*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return.

Archie H. Kinslow, M.D.

Address, *119 N. Charles St.*

Remarks, *Baltimore*

74543

to be taken into consideration upon the mother, immediately thereafter, it shall then become the responsibility of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period always required, except in the cases of the birth and death of illegitimate children, and many persons or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and each offense, to be recovered as other fines and penalties are recoverable.

T. L. H. Frost

Female

W. L. White

Oct-4 to 1884

146 "Belching" Street

Laureo virginico Bartwood

Wagner

Balto Ind

Walter W. Eastwood

Saint Michael

12 alte und

or other Person who
makes this Return

with
urn

James C. Whiteford M.D.

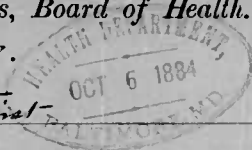
145, Alquist Street
Instrumental

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

711545

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st First

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 9 40 A.M. Saturday Oct-4th

1884

4. Place of Birth, (Street and Number)

6

Carley St-

South

5. Full Name of Mother Anna Bair

6. Mother's Maiden Name Anna Schmidt

7. Mother's Birthplace Baltimore City

8. Full Name of Father Jacob Bair

9. Father's Occupation Fireman on Tugboat

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. E. Trichard MD

Address 28 O'Donnell St

Remarks Easy and natural labor of 9 hours duration was in attendance on

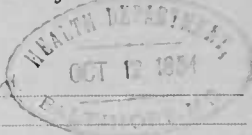
Signer Both Mother and Child appear to be doing well

REGISTRAR, stating distinctly the time of birth, sex, and color of the child or children born, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

711546

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *the 11th of October 1884*
4. Place of Birth (Street and Number) *No 10 Biddle Alley*
5. Full Name of Mother *Kate Dickmier*
6. Mother's Maiden Name *Kate Felber*
7. Mother's Birthplace *in Baltimore*
8. Full Name of Father *Jordan Dickmier*
9. Father's Occupation *a Upholster.*
10. Father's Birthplace *in Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Midwife Theresa Geller No 34 Biddle Alley*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1st 5, 1884
4. Place of Birth, (Street and Number) Eastern Av. No 64
5. Full Name of Mother, Maroline Scheppest
6. Mother's Maiden Name, Maroline Luecher
7. Mother's Birthplace, Ball's Bay
8. Full Name of Father, William H. Scheppest
9. Father's Occupation, Labourer
10. Father's Birthplace, Cincinnati St. Ohio. U.S.

Name of Medical Attendant, or other Person who makes this Return.

Address, *M. Dallas H. No. 26*

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

74548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 7-31-33
Name: Laura Marion Fick

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st child X

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W-5 1884

3. Date of Birth

17 Minutes & 40 Sec Sunday 8/28

4. Place of Birth, (Street and Number)

No. 40 Roberts St

5. Full Name of Mother,

Mattie Fick

6. Mother's Maiden Name,

Mattie Rhye

7. Mother's Birthplace,

Memphis Pa

8. Full Name of Father,

Chas. F. Fick

9. Father's Occupation,

Croquet Books

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

J. Marmel Midwife

Address,

225 Saratoga St

Remarks,

It is the second child the first is death

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of such person or persons to report his birth to the Commissioner of Health, in the manner and within the period above specified, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

74549
Baltimore City Department of Health
OCT 15 1884

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5 1884
4. Place of Birth, (Street and Number) 480 N. Poppleton St
5. Full Name of Mother, Margen Hunter
6. Mother's Maiden Name, Parker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daneyel Hunter
9. Father's Occupation, Cover
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Susan Hunter
- Address, 2106 Poppleton St
- Remarks, _____

In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report his birth to the Registrar of Vital Statistics, in the manner and within the period above prescribed, and any such person who fails to do so, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

711550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 87

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 8th 87

4. Place of Birth, (Street and Number) Stirling St 267

5. Full Name of Mother, Elizabeth Patton

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Patton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs F. H. Wieg

Address, 48 Hallands St

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, the parent or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth of such child to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁵⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 5th 88

4. Place of Birth, (Street and Number) 16. Central Ave 269

5. Full Name of Mother, Elizabeth Reinger

6. Mother's Maiden Name, Reiser

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Walter Reinger

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. Miller

Address, 18 Hollidays

Remarks,

Particulars between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the birth shall be reported to the Office of the Commissioner of Health, in the manner and within the period above specified, and any such return shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
OCT 9 1884

October 5th 1884

Little Mt. E. Maryland

Rebecca Lenz

" Oberlin

Poland Germany

Louis Lenz

Grocer

Poland Germany

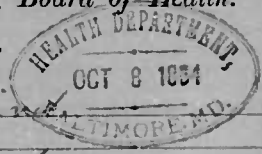
Mrs. R. L. Lenz

48 Hollander St.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 74553

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 5/89
4. Place of Birth, (Street and Number) 43 Preston St.
5. Full Name of Mother Mary E. Reilly
6. Mother's Maiden Name Burke
7. Mother's Birthplace Maryland
8. Full Name of Father Peter E. Reilly
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. N. K. Ratterhoff M.D.
- Address 205 W. Biddle St.
- Remarks

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such calls, to report the birth of such child to the Office of the Commissioner of Health, and with the report to pay to the said Office the sum of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *5 Oct. 1884*

4. Place of Birth, (Street and Number) *373, Baltimore, Md.*

5. Full Name of Mother, *Lily Roman*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Balt., Md.*

8. Full Name of Father, *Lucas Roman*

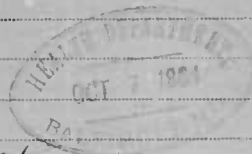
9. Father's Occupation, *Lancing Master*

10. Father's Birthplace, *Balt., Md.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Rausbach, Md. Wife*

Address, _____

Remarks, _____



certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, the mother, or other person, shall be liable to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable. In case the mother, or other person, shall fail to report the birth of a child, or shall fail to report the birth of a child in the manner, and within the period, and to the person, required, except in the case of a child born to a mother who is a subject to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Five children*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Hollard Child*
3. Date of Birth, *October 5th 1884*
4. Place of Birth, (Street and Number) *No 12 Jasper St*
5. Full Name of Mother, *Mrs Louis Weace Gray*
6. Mother's Maiden Name, *Louise Steadman*
7. Mother's Birthplace, *Winchester va Fierby County*
8. Full Name of Father, *Mr John. Gray*
9. Father's Occupation, *Lumber Piler*
10. Father's Birthplace, *Winchester va Fierby*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Devoll*
- Address, *No 9 Jasper St Balto*
- Remarks,

Over
714556

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, 6th of October 1854

4. Place of Birth, (Street and Number) No. 1 North Washington Street

5. Full Name of Mother, Lizzie (Rebecca) Cedar

6. Mother's Maiden Name, L. D. (Grazz) Glas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wendelin (Siem) Gross

9. *Father's Occupation,*..... *Carpenter*

10. *Father's Birthplace,* *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescencia Rueda*

Address. 71 North Chapel Street for Festina Kunkel

Remarks, Healthy.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3-*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth *6 October*

4. Place of Birth, (Street and Number) *153 Chesnut*

5. Full Name of Mother, *Bridget Bolons*

6. Mother's Maiden Name, *Mc. Doner*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Bolons*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Casper*

Address, *22 E. Lombard*

Remarks, _____

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten (\$10) dollars, and in other cases and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a return to be made to the Office of Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

71458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7. seventh*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 6 1884

4. Place of Birth, (Street and Number)

No. 3. S. Park St

5. Full Name of Mother,

Marie Deebert

6. Mother's Maiden Name,

Marie Sick

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

August Deebert

9. Father's Occupation,

Harmonizer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Mr. Kunkunde Schlifer

Address,

20 Columbia St.

Remarks,

certificates between the first and the day of each and every month to the Office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons failing to do so, shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH⁷⁴⁵⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 6th 1862

4. Place of Birth, (Street and Number)

No. 118 Cross st.

5. Full Name of Mother,

Catharine Grand

6. Mother's Maiden Name,

Dehnhart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Grand

9. Father's Occupation,

Pharmacist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

J. Schaeffer midwife

Address,

830 Hunnover st.

Remarks,

birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to make a return of the birth of such child, in the manner, and within the time, and under the penalty herein prescribed, and if any person or persons shall hereafter fail to comply with the provisions of this section, he or they shall be subject to a fine of ten dollars, and each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6th of October 1884*
4. Place of Birth, (Street and Number) *212 Jefferson Street*
5. Full Name of Mother, *Essabella Hall*
6. Mother's Maiden Name, *Essabella Wheat*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Willie B. Wheat*
9. Father's Occupation, *Book-keeper*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Carolina Kunkel*
- Address, *11 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

6th October

1884

4. Place of Birth (Street and Number)

154

Ypsle

St.

5. Full Name of Mother

Hannah

Silghman

6. Mother's Maiden Name

Hannah

Fletcher

7. Mother's Birthplace

Accomack Co.

Virginia

8. Full Name of Father

David

Silghman

9. Father's Occupation

Carter

10. Father's Birthplace

Kent

Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

J. S. Myers

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance, that the mother, immediately thereafter, it shall then become the duty of two parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and to the officers thereof, as shall be determined by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars, or to a term of imprisonment, or to both, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Oct 6 / 84.

26 S. Strickland St.

Sarah W. Hineskamp,

Sarah W. Riddleman.

Baltimore City, Md.

William Hineskamp, Jr.

Piano Manufacturer

Baltimore City, Md.

John L. B. Hineskamp

273. Lexington St.

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report
its birth to the Board of Health, in the manner and within the time period above required, and any person or persons who shall
hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be
recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

74563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct Sept 6th 84

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Fannie Arlington

6. Mother's Maiden Name,

"

"

7. Mother's Birthplace,

W. Va

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

F. R. Nordmann M. D.

Address,

Remarks,

RETURN OF A BIRTH ⁷⁴⁵⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

6 of October 1884

4. Place of Birth, (Street and Number)

Baltimore city Calverton road

5. Full Name of Mother,

Levin Min Prietenoder

6. Mother's Maiden Name,

Min Katharine Vahr

7. Mother's Birthplace,

Wertenberg Germany

8. Full Name of Father,

Mr Louis Vahr

9. Father's Occupation,

Butcher by trade

10. Father's Birthplace,

Wertenberg Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs Miller

Address,

1017 West Pratt street

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be its attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a return of its birth to be made to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subject to a fine of ten dollars, and shall be liable to the fine of ten dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth Oct 5, 1884
4. Place of Birth, (Street and Number) 214 East Eager
5. Full Name of Mother, E. M. Schiimper
6. Mother's Maiden Name, E. M. Pruitt,
7. Mother's Birthplace, Balt City
8. Full Name of Father, Jas. S. Schiimper
9. Father's Occupation, Bather,
10. Father's Birthplace, Balto City
- Name of Medical Attendant, or other Person who make this Return, J. W. Chambers
- Address, 133 North Gaylen St
- Remarks, _____

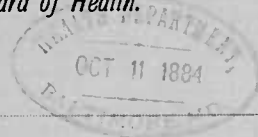
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Color - ac
3. Date of Birth 14 of October 1884
4. Place of Birth (Street and Number) 56 Walker St
5. Full Name of Mother Liter Griffin
6. Mother's Maiden Name Liter Schanck
7. Mother's Birthplace Missouri Ave
8. Full Name of Father William Griffin
9. Father's Occupation Waller
10. Father's Birthplace Chambridge
Name of Medical Attendant, or other Person who makes this Return. Catherine Kiley
Address 44 Walker St
Remarks

once upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Board of Health, in the manner, and within the period above required, and any person or persons who shall be guilty of neglecting to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 6th 1884

4. Place of Birth, (Street and Number) 21 E. Biddle St.

5. Full Name of Mother, Emma F. Naser

6. Mother's Maiden Name, Turner

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Naser

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

John W. White, M.D.,
* 342 N. Broadway

RETURN OF A BIRTH

74568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 6

4. Place of Birth, (Street and Number) No 296 Bond St

5. Full Name of Mother, Mr Susan Demnitz

6. Mother's Maiden Name, Adams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Demnitz

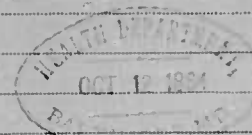
9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr Goetzke

Address, No 35 S Bond St

Remarks, _____



Birth of a child shall mean a child, the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Oct 7th 1884*
4. Place of Birth, (Street and Number) *518 Canton av*
5. Full Name of Mother, *Varonka Pietsch*
6. Mother's Maiden Name, *Louier*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jakobmes Pietsch*
9. Father's Occupation, *Storekeeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *No 12 Patterson Park*
- Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or a nurse, or a midwife, or a person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to do so, shall be subject to the fine of ten (10) dollars for each offence, and shall be liable to the same as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth 5 October

4. Place of Birth, (Street and Number) 113 Albemarle

5. Full Name of Mother, Fannie Finnell

6. Mother's Maiden Name, Stewart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Finnell

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 12 E. Lombard.

Remarks, _____

RETURN OF A BIRTH 74571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 1884*

4. Place of Birth, (Street and Number) *15 & N Deca St*

5. Full Name of Mother, *Mrs Gilroy (Kate?)*

6. Mother's Maiden Name, *Miss Cain*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *John Gilroy*

9. Father's Occupation, *Blacksmith at Jefferson RR Station*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return.

Address, *119 N Charles St*

Remarks, *Don't know Father's name, nor Mother's*

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall, within ten days after the birth, report the birth to the Commissioner of Health in the manner prescribed by the provisions of this section, and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, and other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁵⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *October 2nd 1884*
 4. Place of Birth, (Street and Number) *W. Balt. St. No 730*
 5. Full Name of Mother, *Margharine Wild*
 6. Mother's Maiden Name, *Margharine Knies*
 7. Mother's Birthplace, *Worms, H. H. Ostreich, Europa*
 8. Full Name of Father, *Nathias Wild*
 9. Father's Occupation, *Taylor*
 10. Father's Birthplace, *Worms, H. H. Ostreich Europa*
- Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*
- Address, *N. Balt. St. No 26*
- Remarks,

between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in the form of a birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate, and the practitioner shall be in attendance upon the mother, immediately after the birth of the child, and shall report the birth to the Registrar of Vital Statistics, in the manner and within the time required, and any such person who fails to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense in be re- as other due and forcible are recoverable.

RETURN OF A BIRTH⁷⁴⁵⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 7 - 1894
4. Place of Birth, (Street and Number) No 218 West St
5. Full Name of Mother, Elizabeth Emrich
6. Mother's Maiden Name, Beklein
7. Mother's Birthplace, America
8. Full Name of Father, Henry Emrich
9. Father's Occupation, laborer
10. Father's Birthplace, America
- Name of Medical Attendant, or other Person who makes this Return, J. Schwasser midwife
- Address, 330 Hanover St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

By

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

787 of October 1854

4. *Place of Birth.* (Street and Number)

S. C. Col. Trench and Chapel Street

5. *Full Name of Mother.*

Torenia Bonariensis

6. *Mother's Maiden Name.*

Teresa T. Ch.

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father.*

Charlie Lath

9. *Father's Occupation,*

Tavernier. Kaiser.

10. *Father's Birthplace.*

Germany

Name of Medical Attendant, or other Person who makes this Return

or other Person who
makes this Return

Greene's Hand

Address.

71 North Chapel street for postman Kunkel.

Remarks

Healthy

When this may be necessary, stating distinctly the name of child, sex, and color of his child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74575

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 7th 1884

S. E. c. of Madison & Bond Sts

Ida Virginia Harris

" " Sprunklin

Baltimore Md

Robert Harris

Printer

Baltimore Md

A. Riggs and Andre' M.D.

No 121 E. Bact St

RETURN OF A BIRTH

74576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 7, 1884

4. Place of Birth, (Street and Number)

179. Conway St.

5. Full Name of Mother,

Margie B. Parvey

6. Mother's Maiden Name,

Margie Paymen

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles B. Parvey

9. Father's Occupation,

Lumber Sawyer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. K. Kunkin & Schlier

Address,

22 Calumet St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, so or persons who shall hereinafter be required to comply with the provisions of this Act. Shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

October 7th no 38 King St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

eliza queen

6. Mother's Maiden Name,

eliza altohn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

john queen

9. Father's Occupation,

white washer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Lydia Potter

Address,

no 4 papsco avenue

Remarks,

healthy child

Birth of any child shall occur without the attendance of a physician, or of a registered midwife, or should for other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth to the Board of Health, in the manner, and within the period above specified, and shall thereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten dollars.

Birth of any child shall be reported to the Registrar of Births, or of a practitioner of midwifery, or to the Registrar of Deaths, or to the Registrar of Marriages, or to the Registrar of the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this Act shall be subject to a fine of ten dollars, which officers to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Oct. 9/84

4. Place of Birth, (Street and Number) 187 1/2 E. Chappel

5. Full Name of Mother, Laura Mitchell

6. Mother's Maiden Name, Steward

7. Mother's Birthplace, B. C.

8. Full Name of Father, Joseph Mitchell

9. Father's Occupation, Driver

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return J. L. H. H. H.

Address, 77 S. Broadway

Remarks, _____

Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly qualified by the Board of Health, and who shall then become the subject of a fine of not less than five dollars, nor more than ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of October 1884*

4. Place of Birth, (Street and Number) *145 North Chapel Street*

5. Full Name of Mother, *Susan Kissel*

6. Mother's Maiden Name, *Susan Rosenberg*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lorenz Rosenberg*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *71 North Chapel Street per Crescentia Kunkel*

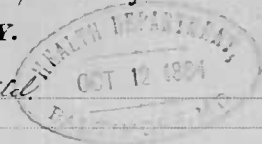
Remarks, *Healthy*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74580

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.
1. Sex (state whether male or female) male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth the 8 of October 1894.
4. Place of Birth (Street and Number) No 57 Biddle Alley.
5. Full Name of Mother Anne Duchetone.
6. Mother's Maiden Name Anne Middle.
7. Mother's Birthplace in Baltimore.
8. Full Name of Father Louis Duchetone.
9. Father's Occupation a Laborer.
10. Father's Birthplace in Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Midwife
- Address Theresa Geller No 34 Biddle Alley.
- Remarks _____

RETURN OF A BIRTH.

74581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 1st 1894

4. Place of Birth, (Street and Number) Baltimore, No. 103

5. Full Name of Mother, Lena Viola Johnson

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Joseph Johnson

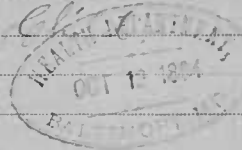
9. Father's Occupation, Conductor U.S. R. Road

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Maennel

Address, 228 Saratoga St

Remarks, Midwife



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person who fails to do so, shall be deemed to be guilty of a misdemeanor, and shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

74582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 8th Oct. 1884

4. Place of Birth (Street and Number) 313 E. Preston

5. Full Name of Mother Lerecia Norris

6. Mother's Maiden Name " Jones

7. Mother's Birthplace Harford Co.

8. Full Name of Father Lewis Norris

9. Father's Occupation Police Officer

10. Father's Birthplace City

Name of Medical Attendant, or other person who makes this Return. E. B. Farby, M.D.

Address 283 N. Eden St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

74583

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be available upon the mother, immediately thereafter the father shall be liable to the commission of a misdemeanor in case he reports to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the State, and other fines and forfeitures are recoverable.

1 female
6 dead

HEALTH DEPARTMENT,
OCT 11 1884
BALTIMORE MD

belove &

26 Dallas St

Sarah encls

Seerah / is team

Baltimore

Alexandra ennell

Subor

Ballin.

Harriet Jackson

Address,

& Co., City Printers and Stationers

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the mother, to cause the birth of such child to be registered in this section, and to pay the fee therefor, and for persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



1st

male

colored

Oct 1st

112 Lincolnton Court

Mary E. Brightman

Wilson

Baltimore

Charles H. Brightman

Laborer

Charleston S.C.

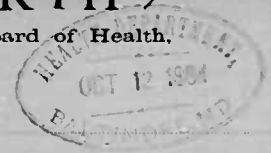
Annie Johnson

94 Lyson St.

RETURN OF A BIRTH

74585

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *October 8th 1884*

4. Place of Birth, (Street and Number) *8 Hamilton St*

5. Full Name of Mother, *Susan Mapp*

6. Mother's Maiden Name, *Bean*

7. Mother's Birthplace, *Northumberland Co., Va.*

8. Full Name of Father, *George Mapp*

9. Father's Occupation, *Stebdore*

10. Father's Birthplace, *Eastern Shore Va*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *4 Hamilton St*

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately before, during, or after the birth, the parents or person making this Return shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Oct 5/84

N 430 Saratoga

Mary A. Webb

Wm Kelback

Baltimore

Wm M Webb

Painter

Brooklyn N.Y.

A L Spencer

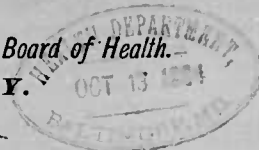
387 W. Lombard

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 6th 1884

4. Place of Birth (Street and Number)

27 S. Bond St

5. Full Name of Mother

Emma A. Vitter

6. Mother's Maiden Name

Hammond

7. Mother's Birthplace

La. to Ma

8. Full Name of Father

Fred. Vitter

9. Father's Occupation

Clothing cutter

10. Father's Birthplace

La. to S

Name of Medical Attendant, or other Person who makes this Return.

C. B. Britton M.D.

Address

51 So. Broadway

Remarks

RETURN OF A BIRTH

74589

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 6

4. Place of Birth, (Street and Number) 26 Foster alley

5. Full Name of Mother, Josephine C. step

6. Mother's Maiden Name, West River

7. Mother's Birthplace, Occupation house work

8. Full Name of Father, Charles Brown

9. Father's Occupation, Coachman

10. Father's Birthplace, Prince Georges county

Name of Medical Attendant, or other Person who makes this Return Lucy B. Oriskany

Address, 15 Gordon alley

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person or persons attending the birth, shall be liable to the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁷⁴⁵⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Oct 4, 1884*

4. Place of Birth, (Street and Number) *4 Vauxhall St*

5. Full Name of Mother, *Vinnie Spick*

6. Mother's Maiden Name, *Vinnie Spick*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Don't Know*

9. Father's Occupation, *Paul Know*

10. Father's Birthplace, *Pa*

Name of Medical Attendant, or other Person who makes this Return, *Jane M. M. M.*

Address, *(Midwife) 16 Vauxhall St*

Remarks, _____

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

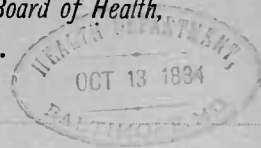
**Every effort was made to
assure legibility and com-
pleteness.**

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Oct 8th

4. Place of Birth (Street and Number)

377 E. Chase St

5. Full Name of Mother

Ida F Wright

6. Mother's Maiden Name

Ida F Redolcott

7. Mother's Birthplace

Wicomico Co Md

8. Full Name of Father

Benjamin S Wright

9. Father's Occupation

Carpenter

10. Father's Birthplace

Ellicott-Howard Co Md

Name of Medical Attendant, or other Person who makes this Return.

Mary E Price

Address

321 E. Madison St

Remarks

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the mother, or the person who has the custody of the child, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, in the discretion of the Board of Health. In the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

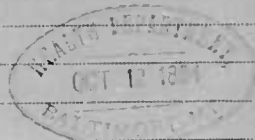
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October 8, 1884
4. Place of Birth, (Street and Number) # 11 Smith's Alley
5. Full Name of Mother, Elizabeth Fehr
6. Mother's Maiden Name, Schuman
7. Mother's Birthplace, Germany
8. Full Name of Father, Stephen Fehr
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Gerdin Miller
- Address, # 5 Walker St. Balto. Md.
- Remarks, _____

Securities between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/11/93}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9 1884
4. Place of Birth, (Street and Number) No 14 Clinton St
5. Full Name of Mother, Mrs Barbara Joror
6. Mother's Maiden Name, Blanchburg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Joror
9. Father's Occupation, Seaman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mr Goetke
- Address, No 56 S. Bond St
- Remarks,



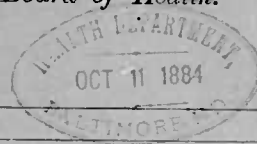
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

74595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 9th 1884

4. Place of Birth, (Street and Number) No. 141 East Pratt St.

5. Full Name of Mother Julia Rettaliata

6. Mother's Maiden Name Julia Rettaliata

7. Mother's Birthplace Washington City, D.C.

8. Full Name of Father John S. Rettaliata

9. Father's Occupation Restaurant Keeper

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address 5 Franklin St.

Remarks

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the time herein prescribed, and if he or they fail to do so, he or they shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 7th*

4. Place of Birth, (Street and Number) *219 Periss St*

5. Full Name of Mother, *Mary E. Culp*

6. Mother's Maiden Name, *Mary E. Coates*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *W. E. Culp*

9. Father's Occupation, *Lineman of Tel Co. B'n*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. Maennel, Midwife*

Address, *228 Saratoga St City*

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur during the month of January, the father or mother, or any other person, shall be liable to pay to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 41

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 8 12

4. Place of Birth, (Street and Number) No 384 E Monument St

5. Full Name of Mother, Mrs Emilia Haufel

6. Mother's Maiden Name, Haufel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Haufel

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Goetzke

Address, No 155 S. Bond St

Remarks,

certification between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should the mother be delivered in any other manner, the person or persons so delivering the child, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷⁴⁵⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 9, 1884*

4. Place of Birth, (Street and Number) *5 Patrick St*

5. Full Name of Mother, *Rosa Parfies*

6. Mother's Maiden Name, *Rosa Costfield*

7. Mother's Birthplace, *Ann Arundel Co Md*

8. Full Name of Father, *Frank Kuon*

9. Father's Occupation, *Dr*

10. Father's Birthplace, *Dr*

Name of Medical Attendant, or other Person who makes this Return, *Sam Woodland*

Address, *16 Bond St*

Remarks,

in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to cause the birth of such child to be registered in the office of the Registrar of Vital Statistics, and if any person or persons shall hereafter fail to comply with the provisions of this section, such person or persons shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *24 Oct 1884*

4. Place of Birth, (Street and Number) *15 Jefferson St*

5. Full Name of Mother, *Getta Johnson*

6. Mother's Maiden Name, *" Brown*

7. Mother's Birthplace, *Lincolnton S.C.*

8. Full Name of Father, *James Henderson*

9. Father's Occupation, *General Labour*

10. Father's Birthplace, *Gorkville*

Name of Medical Attendant, or other Person who makes this Return

Address, *125 W Caroline St.*

Remarks

In case the birth of any child shall be attended by a physician or of a practitioner of midwifery, or by any other person, he or she shall be bound to report the birth to the Registrar of Births and Deaths, in the manner and to the effect hereinafter provided, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 9th*

4. Place of Birth, (Street and Number) *240 E. Harmon St.*

5. Full Name of Mother, *Mrs. Fink*

6. Mother's Maiden Name, *Wilhelm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Fink*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Address, *125 Delarchine St.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) N

White

3. Date of Birth,

9th October

4. Place of Birth, (Street and Number)

147 E Madison St

5. Full Name of Mother,

Sary A Covert

6. Mother's Maiden Name,

Sary A Covert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph A Covert

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return

Susan Morgan

Address,

47 N Madison St

Remarks,

in case this
Board of Health,
shall be
in case this
Board of Health,
shall be
in case this
Board of Health,
shall be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

C. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

74603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

10th day of October 10 A.M.

4. Place of Birth, (Street and Number)

No 3 Little Boat

5. Full Name of Mother,

Mary Hackless

6. Mother's Maiden Name,

Mary Brown

7. Mother's Birthplace,

Calvert County Maryland

8. Full Name of Father,

Arthur Hackless

9. Father's Occupation,

Stevedore at Wharf

Father's Birthplace,

Essex County Va

Name of Medical Attendant, or other Person who makes this Return

Melliea White

Address,

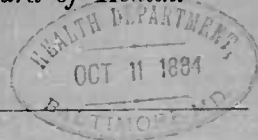
Remarks,

connection, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 7/11/6011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 10th 1884

4. Place of Birth, (Street and Number)

264 East Chase St.

5. Full Name of Mother

Sarah Newbell

6. Mother's Maiden Name

Burns,

7. Mother's Birthplace

Big Mount Savage - Maryland

8. Full Name of Father

Joseph Newbell,

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

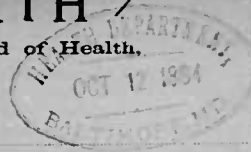
Address

care 57 Franklin St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *October 10th 1884*

4. Place of Birth, (Street and Number) *42 Chestnut St*

5. Full Name of Mother, *Jane Dunlap*

6. Mother's Maiden Name, *" Carter*

7. Mother's Birthplace, *Fredericksburg Va*

8. Full Name of Father, *William Dunlap*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Alexandria Va*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

in case the
birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person
be present, the mother or person who shall have charge of the child, shall be liable to a fine of ten (10) dollars
for each offence to be recovered, as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 10 1884*

4. Place of Birth, (Street and Number) *14 Ballen St*

5. Full Name of Mother, *Margelina Baker*

6. Mother's Maiden Name, *Margelina Kreutzen*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Wm Baker*

9. Father's Occupation, *Store Keeper*

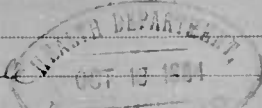
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *W. A. Mesengehl*

Address, *386 Penn Ave*

Remarks, *Early Birth died Oct 12 1884 cause of Death*

Paralysis



RETURN OF A BIRTH

74607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 10th 84

4. Place of Birth, (Street and Number)

31 Little Sharp St.

5. Full Name of Mother,

Louisa Stephens

6. Mother's Maiden Name,

Williams

7. Mother's Birthplace,

Falbot Co Ind.

8. Full Name of Father,

J. H. Stephens

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Chew

Address,

25 Church St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report the birth of the child to the Board of Health, in the manner and within the period therein prescribed, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars and to imprisonment for a term not exceeding thirty days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Born October 10, 1884

3. Date of Birth, 11-29-1884

4. Place of Birth, (Street and Number) 11-29-1884

5. Full Name of Mother, Catherine Carter

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Carter

9. Father's Occupation, Mechanic

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH *7/1609*

To the Office of Registrar of Vital Statistics, Board of Health,

Name of child:

BALTIMORE CITY.

Henry Bruggemann

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st and 2d

1. Sex, (state whether male or female)

Male male

2. Race or Color, (if not of the white race) ..

OCT 13 1884

3. Date of Birth,

Oct. 10. 1884.

4. Place of Birth, (Street and Number)

241 N Howard St.

5. Full Name of Mother,

Barbara Bruggemann.

6. Mother's Maiden Name,

Zimmermann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Otto Bruggemann.

9. Father's Occupation,

Shoe dealer, Germany.

10. Father's Birthplace,

Germany,

Name of Medical Attendant, or other Person who makes this Return

Dr Morgan

Address,

119 W Monument St.

Remarks,

Trins

To be filled out by the Registrar, and the married name of the mother of such child or children.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth of such child to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 11 1884

4. Place of Birth, (Street and Number) No 30 Gough St

5. Full Name of Mother, Mrs Susan Mills

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mills

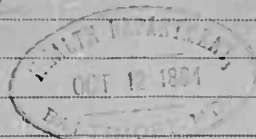
9. Father's Occupation, Watch Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, No 562 L. Bond St

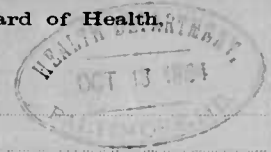
Remarks,



RETURN OF A BIRTH

74612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 2. 1881

4. Place of Birth, (Street and Number)

706. Chester St.

5. Full Name of Mother,

Williama Alfred

6. Mother's Maiden Name,

" Pierce

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Rev. Samuel Morgan Alfred

9. Father's Occupation,

Minister

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. G. M. S. S.

Address,

Balt. + Wash. D.C.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 12/84

4. Place of Birth (Street and Number)

No 8 E Monument

5. Full Name of Mother

Christina Zimmerman

6. Mother's Maiden Name

" Dyer

7. Mother's Birthplace

Germany

8. Full Name of Father

George Zimmerman

9. Father's Occupation

Soap Maker

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Thos & Ward M.D.

Address

127 St Paul St

Remarks



Under six days of age. Filing instantly the time of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Office of the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 12 1894

4. Place of Birth, (Street and Number) 104 2nd Avenue

5. Full Name of Mother, Elizabeth L. L. L.

6. Mother's Maiden Name, B. B. B.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. W. W.

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. W. W.

Address, 104 2nd Avenue

Remarks,

birth of any child shall occur without the attendance of a physician or midwife, and the person or persons attending the birth shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be deemed to be in violation of the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered in a summary proceeding.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

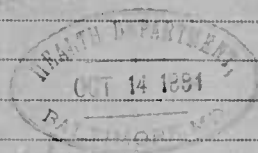
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure the return of this form, and to file the same in the Office of the Registrar of Vital Statistics, and to pay the fee of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

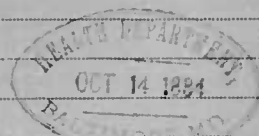
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Within six days thereafter, stamp minutely the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

74618
14 1884
HEALTH DEPT. BALT. MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Coccol

3. Date of Birth October 4

4. Place of Birth (Street and Number) 231 Kagher st

5. Full Name of Mother Hester Alton Stapp

6. Mother's Maiden Name Hester Alton

7. Mother's Birthplace Balt Md

8. Full Name of Father Jeremiah Stapp

9. Father's Occupation Letter Carrier

10. Father's Birthplace Barford

Name of Medical Attendant, or other Person who make this Return. Sarah Parker

Address do 222 Kagher st

Remarks S.

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be present, the mother or person having charge of the child shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

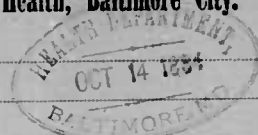
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report the birth to the nearest health officer, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

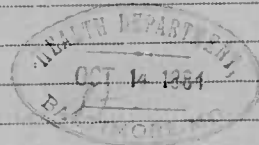
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



In case the birth of any child shall occur without the attendance of a physician, or a midwife, or a nurse, or a person duly licensed by the Board of Health, the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

74651
Third child
Male
OCT 12 1884
Columbia St
Sept 10, 1884
10 Wile St
Sarah Jackson
Baltimore
Andrew Jackson
Branham
Baltimore
Mary B. Jones
111 Wootton St

birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then assume the character of a stillbirth, and the provisions of this act shall apply to it as if it were a stillbirth. Any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 25, 84*

4. Place of Birth, (Street and Number) *Cor McLean & Hoffman sts*

5. Full Name of Mother, *Grace Emma Lee*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Norfolk Va*

8. Full Name of Father, *A. S. Lee Jr*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Richmond Va*

Name of Medical Attendant, or other Person who makes this Return *D. C. Williams M.D.*

Address, *201 Madison Ave*

Remarks, _____



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of such child to the Registrar of Vital Statistics, and within the time specified in the regulations of the Board of Health, and under the penalty of a fine of ten dollars, or imprisonment for a term not exceeding thirty days, shall hereafter fall in compliance with the provisions of such regulations, and shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

17 August 1884

4. Place of Birth. (Street and Number)

No 3 Woodward

5. Full Name of Mother,

Sarah Miller

6. Mother's Maiden Name,

Sarah Lee

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

R. H. Miller

9. Father's Occupation,

Iron man

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Wm. C. Jones

Address,

No 17 Woodward

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report the birth to the Registrar of Vital Statistics, and to fill out and sign this Return, and pay such return for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, 1 September
4. Place of Birth, (Street and Number) Lexington St 200
5. Full Name of Mother, Mary Gumbler
6. Mother's Maiden Name, Gumbler
7. Mother's Birthplace, Balto
8. Full Name of Father, unknown
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, A. Wilson
- Address, Howard St 314
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

There shall be no civil suit or recovery without the attendance of a physician or practitioner of midwifery, or of some other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such child, or person who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Penalty for non-compliance. If any person shall neglect or refuse to comply with the provisions of this section, or shall fail to report the birth of a child, or shall fail to furnish the information required, or shall fail to pay the fee therefor, or shall fail to comply with the provisions of this section, he shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 3, 1891
4. Place of Birth, (Street and Number) Western Ave 80
5. Full Name of Mother, Mary Wise
6. Mother's Maiden Name, more
7. Mother's Birthplace, Balto
8. Full Name of Father, John Wise
9. Father's Occupation, single
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, A. Wilson
- Address, Howard St 314
- Remarks, _____

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Cooler

3. Date of Birth, Howard St 2004

4. Place of Birth, (Street and Number) 14 of September

5. Full Name of Mother, Elizabeth Gant

6. Mother's Maiden Name, James

7. Mother's Birthplace, Balto

8. Full Name of Father, James Gant

9. Father's Occupation, Saylor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, A. Wilson

Address, Howard St 314

Remarks, _____

74628

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such report for persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered, and for each day and for each offense thereafter may be recovered.

3

Leopold

.....

6 Oct Sept

Flammarion 5/24

Hubbner Thomas

griffiss

11/11/1964

tommy thomson

single

But

Amilcar

Howard St 314

permitted, the date and place of birth, and the sex, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, immediately thereafter it shall be the duty of the father, or of the mother, or of persons who shall have been designated in writing by the father, to the law of ten (\$10) dollars for each offense to be recorded as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, 9th September

4. Place of Birth, (Street and Number) 9th Street 32

5. Full Name of Mother, Jane Chambers

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Chambers

9. Father's Occupation, drum man

10. Father's Birthplace, Chesapeake Bay

Name of Medical Attendant, or other Person who makes this Return, Dr. Wilson

Address, Harvard St 314

Remarks,

RETURN OF A BIRTH

74630

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

bore, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 13th

4. Place of Birth, (Street and Number)

214 N. Eutaw st.

5. Full Name of Mother,

E S Lester

6. Mother's Maiden Name,

Mary Sommer

7. Mother's Birthplace,

England

8. Full Name of Father,

E S Lester

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Mass.

Name of Medical Attendant, or other Person who makes this Return

A. M. Belt. M.D.

Address,

228 Cathedral.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, ..

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

In case the birth of a child occurs at a place other than the residence of the mother, the birth must be reported to the Registrar of Vital Statistics, Baltimore City, within the period specified, and the Registrar shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Sept 16 - 1884

10 Union St

Katie Belcher

Haley

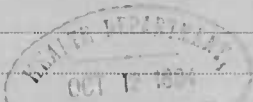
Baltimore

Frank Belcher

Boiler maker

Baltimore

H. S. Spencer
387 W. Lombard



to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

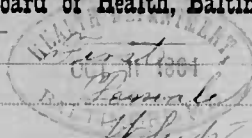
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Sept 20th 1884

262 N. Eden St

Mary Cecelia Schwartz

Dauenhauser

Pruss

William H. Schwartz

Musician

Baltimore

S. H. Seldner M.D.

S. E. Cor. Caroline & Eager Sts.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

74636

[illegible]

12th

Male

Whit

Sept 27: 84

14 Hopkins Ave

Patience Hitting

11. Leipzig

Bathurst

Mr. Fillingim

Buck, Eugene

Bathurst

or other Person who
makes this Return

Ed. Milman M.D.

201 Madison Ave

NO. CITY MINUTES AND STATIONING



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified, except in the cases of the birth and death of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to be removed as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 28: 84*

4. Place of Birth, (Street and Number) *Biddle St*

5. Full Name of Mother, *Minneapolis Smart*

6. Mother's Maiden Name, *" Joyce*

7. Mother's Birthplace, *Mayo Co Ireland*

8. Full Name of Father, *Bray Henry Smart*

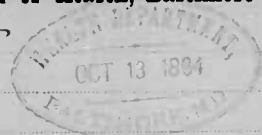
9. Father's Occupation, *R. P. Man*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *P. C. Williams M.D.*

Address, *201 Mad. St*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 29th 1884*
 4. Place of Birth, (Street and Number) *234 N Bond St*
 5. Full Name of Mother, *Ellen Fink*
 6. Mother's Maiden Name, *Farmer*
 7. Mother's Birthplace, *Alexandria Va*
 8. Full Name of Father, *Phillip Fink*
 9. Father's Occupation, *Bar tender*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *S H Seldner M D.*
 Address, *S O Gr Enger Caroline St*
 Remarks, _____

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the
physician or practitioner of midwifery, or should no other person
be in attendance upon the mother, he shall, in the manner and within the time specified, report the birth of the child, to
the Commissioner of Health, in the manner and within the time specified, and every such person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 29

4. Place of Birth, (Street and Number) 34 Forest St

5. Full Name of Mother, Catharine Myers

6. Mother's Maiden Name, Catharine Stanford

7. Mother's Birthplace, north Penna

8. Full Name of Father, James Myers

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson

Address, 5 Forest

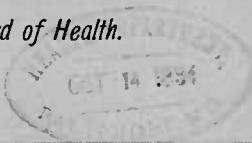
Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74 640

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

September 29

4. Place of Birth (Street and Number)

No 19 Winter st

5. Full Name of Mother

Laej Davis

6. Mother's Maiden Name

Laej Wilson

7. Mother's Birthplace

Kent island

8. Full Name of Father

William L Davis

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Sarah Harbor

Address

224 Flagler st

Remarks

Mother of 2

July 1891

those of its birth, and the said substance shall be delivered, duly signed by the Board of Health, in case this certificate, between the time of the birth of the child and the birth of any child shall occur without the attendance of a physician, or of a nurse, or of a midwife, to the birth of any child shall be in accordance upon the mother, immediately thereafter it shall then become the property of the parent or parents of such child to resort to its birth to the third of such, in the manner, and within the period above required, except in the cases of the birth and death of legitimate children, and any parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject, as a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Second

Male

White

September 30th 1884

841. W^o Pratt St Balt. Md

Louise Kaiser

Louise Walter

Baltimore Md

Henry Kaiser

W. H. Garrison

Baltimore Md.

L. L. L.

No 827 is Combined Unit

7/16/47

[illegible]

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
OCT 11 1954
Second
Female
White

- September 30th 1884
615 N. Bond St.
Mary E. Gill
Glen
Pa.
Henry Gill
Produce dealer
Baltimore
S. H. Seldner, N. D.

711213

Health, Balti

7 Female

white

Oct 3^d /

Edmundson Street

N. W. Cor. Edmondson Ave + Fremont

Elizabeth Graydon

Tracy
Tracy

Baltö

Baltö.

Clancy G. A.

Ireland

Thos. Osier, M.D.

179 N Howard St

179 N. Howard St

NO. CITY PRINTERS AND STATIONERS

7-11-11

[illegible]

/

- # Mah

- White

- Oct 3^d / 1884

- 204 N. Carrollton Av

- Maggie Anderson

- White

- 25th

- Geo. H. Anderson

- Clark

- Balto.

Sh. as Opio U.S

179 N. Howard St.

136- 1773 CHRISTMAS AND STATHOUSEN

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 4th 1884

4. Place of Birth, (Street and Number)

Baltimore) 373 E Lombard St

5. Full Name of Mother,

Saura Robbins

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Dorchester County

8. Full Name of Father,

Washington Roberts Robbins

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Dorchester County

Name of Medical Attendant, or other Person who makes this Return

Mrs Hannah Howells

Address,

136 S Caroline St

Remarks,

City

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

any person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

74646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

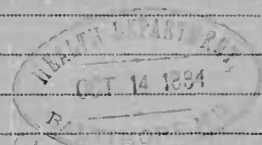
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, in the manner and under the conditions prescribed in the provisions of the Act, the person or persons who shall hereafter fail to comply with the provisions of the Act, shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

74647
3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

OCT 14 1854
October 14

4. Place of Birth, (Street and Number)

Large St. Baltimore M.D.

5. Full Name of Mother

Mary Lewis

6. Mother's Maiden Name

Mary Lynch

7. Mother's Birthplace

Boss, in Baltimore

8. Full Name of Father

John E. Lewis

9. Father's Occupation

Monteur

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

He is Monanay

Address

No. 131. Batty Street

Remarks

Healthy

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28: 1884

4. Place of Birth (Street and Number)

Johnson St

5. Full Name of Mother

Anna Crispen

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Crispen

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address

88 Lomb Ave

Remarks

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or in case of a stillbirth, the parent or parents of such child shall be liable to a fine of ten dollars, unless the duty of the parent or parents, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7/16/19

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct-9th-84

4. Place of Birth, (Street and Number) 650 Lexington

5. Full Name of Mother, Elizabeth Koenig

6. Mother's Maiden Name, " Rothauge

7. Mother's Birthplace, Balti

8. Full Name of Father, Henry A Koenig

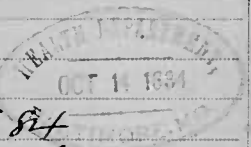
9. Father's Occupation, Confectionery & Baker

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other Person who makes this Return Thos Opie M.D.

Address, 179 N Howard St

Remarks, _____



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, in the manner and form prescribed by the Board of Health, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 9th 1884*
4. Place of Birth, (Street and Number) *Baltimore 105 S Caroline St*
5. Full Name of Mother, *Mary Sherry*
6. Mother's Maiden Name, *Kiefer*
7. Mother's Birthplace, *Hackinjen* ~~Baltimore~~ *Germany*
8. Full Name of Father, *Joseph Sherry*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs Hannah Knowles*
Address, *136 S Caroline Street*
Remarks, *City.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 9*

4. Place of Birth, (Street and Number) *125 Fort av*

5. Full Name of Mother, *Ella ora Parks*

6. Mother's Maiden Name, *Sherfolk*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George C Parks*

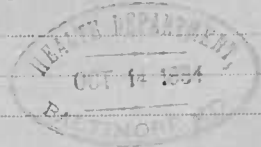
9. Father's Occupation, *Car driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



certificates, is given the first and third day of each and every month, to the Board of Health. In case the birth of a child occurs on the second day of a month, the certificate shall be filed on the first day of the following month. In case the birth of a child occurs on the fourth day of a month, the certificate shall be filed on the third day of the following month. In case the birth of a child occurs on the sixth day of a month, the certificate shall be filed on the fifth day of the following month. In case the birth of a child occurs on the eighth day of a month, the certificate shall be filed on the seventh day of the following month. In case the birth of a child occurs on the tenth day of a month, the certificate shall be filed on the ninth day of the following month. In case the birth of a child occurs on the twelfth day of a month, the certificate shall be filed on the eleventh day of the following month. In case the birth of a child occurs on the fourteenth day of a month, the certificate shall be filed on the thirteenth day of the following month. In case the birth of a child occurs on the sixteenth day of a month, the certificate shall be filed on the fifteenth day of the following month. In case the birth of a child occurs on the eighteenth day of a month, the certificate shall be filed on the seventeenth day of the following month. In case the birth of a child occurs on the twentieth day of a month, the certificate shall be filed on the nineteenth day of the following month. In case the birth of a child occurs on the twenty-second day of a month, the certificate shall be filed on the twenty-first day of the following month. In case the birth of a child occurs on the twenty-fourth day of a month, the certificate shall be filed on the twenty-third day of the following month. In case the birth of a child occurs on the twenty-sixth day of a month, the certificate shall be filed on the twenty-fifth day of the following month. In case the birth of a child occurs on the twenty-eighth day of a month, the certificate shall be filed on the twenty-seventh day of the following month. In case the birth of a child occurs on the thirtieth day of a month, the certificate shall be filed on the twenty-ninth day of the following month. In case the birth of a child occurs on the first day of a month, the certificate shall be filed on the first day of the following month. In case the birth of a child occurs on the second day of a month, the certificate shall be filed on the second day of the following month. In case the birth of a child occurs on the third day of a month, the certificate shall be filed on the third day of the following month. In case the birth of a child occurs on the fourth day of a month, the certificate shall be filed on the fourth day of the following month. In case the birth of a child occurs on the fifth day of a month, the certificate shall be filed on the fifth day of the following month. In case the birth of a child occurs on the sixth day of a month, the certificate shall be filed on the sixth day of the following month. In case the birth of a child occurs on the seventh day of a month, the certificate shall be filed on the seventh day of the following month. In case the birth of a child occurs on the eighth day of a month, the certificate shall be filed on the eighth day of the following month. In case the birth of a child occurs on the ninth day of a month, the certificate shall be filed on the ninth day of the following month. In case the birth of a child occurs on the tenth day of a month, the certificate shall be filed on the tenth day of the following month. In case the birth of a child occurs on the eleventh day of a month, the certificate shall be filed on the eleventh day of the following month. In case the birth of a child occurs on the twelfth day of a month, the certificate shall be filed on the twelfth day of the following month. In case the birth of a child occurs on the thirteenth day of a month, the certificate shall be filed on the thirteenth day of the following month. In case the birth of a child occurs on the fourteenth day of a month, the certificate shall be filed on the fourteenth day of the following month. In case the birth of a child occurs on the fifteenth day of a month, the certificate shall be filed on the fifteenth day of the following month. In case the birth of a child occurs on the sixteenth day of a month, the certificate shall be filed on the sixteenth day of the following month. In case the birth of a child occurs on the seventeenth day of a month, the certificate shall be filed on the seventeenth day of the following month. In case the birth of a child occurs on the eighteenth day of a month, the certificate shall be filed on the eighteenth day of the following month. In case the birth of a child occurs on the nineteenth day of a month, the certificate shall be filed on the nineteenth day of the following month. In case the birth of a child occurs on the twentieth day of a month, the certificate shall be filed on the twentieth day of the following month. In case the birth of a child occurs on the twenty-first day of a month, the certificate shall be filed on the twenty-first day of the following month. In case the birth of a child occurs on the twenty-second day of a month, the certificate shall be filed on the twenty-second day of the following month. In case the birth of a child occurs on the twenty-third day of a month, the certificate shall be filed on the twenty-third day of the following month. In case the birth of a child occurs on the twenty-fourth day of a month, the certificate shall be filed on the twenty-fourth day of the following month. In case the birth of a child occurs on the twenty-fifth day of a month, the certificate shall be filed on the twenty-fifth day of the following month. In case the birth of a child occurs on the twenty-sixth day of a month, the certificate shall be filed on the twenty-sixth day of the following month. In case the birth of a child occurs on the twenty-seventh day of a month, the certificate shall be filed on the twenty-seventh day of the following month. In case the birth of a child occurs on the twenty-eighth day of a month, the certificate shall be filed on the twenty-eighth day of the following month. In case the birth of a child occurs on the twenty-ninth day of a month, the certificate shall be filed on the twenty-ninth day of the following month. In case the birth of a child occurs on the thirtieth day of a month, the certificate shall be filed on the thirtieth day of the following month.

certificates between the first and third day of each month, and a witness to the birth of a child shall be required to be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Franz Hermann Wilhelm Frese*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1. first*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 10 - 1884

4. Place of Birth, (Street and Number)

120 Scott st.

5. Full Name of Mother,

Anna Elina Frese

6. Mother's Maiden Name,

Anna Elina Serion

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry William Frese

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Wm. Runigunda Schlifer

Address,

20 Columbia St.

Remarks,

In case the birth of any child shall occur without the attendance of a physician or midwife, the person or persons who shall not be in attendance at the birth, or persons who shall not be in attendance at the birth, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 10th 1884

4. Place of Birth, (Street and Number) 18 90 East Pratt St.

5. Full Name of Mother, Margaret Permett

6. Mother's Maiden Name, Holliday

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Permett

9. Father's Occupation, Teller

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophia Simon

Address, No. 70 Granby St.

Remarks,

For every child born in the City of Baltimore, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall receive from the parent or person having the custody of the child, a return of the birth of such child, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the parent or person having the custody of the child, shall neglect to furnish such return, he or she shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 10th 1884*

4. Place of Birth, (Street and Number) *N. Spring St. No. 18*

5. Full Name of Mother, *Katharine Müller*

6. Mother's Maiden Name, *Katharine Werner*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Friedrich Müller*

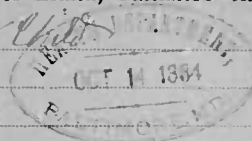
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Harben, Gr. Hesse, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,



Certificate between the first and third day of each and every month to the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or if the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2, second*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *October 10 1884*

4. Place of Birth, (Street and Number) *308 W. Pratt St.*

5. Full Name of Mother, *Augusta Hammond*

6. Mother's Maiden Name, *Augusta Lange*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Frederick Hammond*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Phanizunda S. Sledge*

Address, *20 Columbia St.*

Remarks,

Persons between the first and third day of each and every month to the Office of the Comptroller of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Comptroller of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to the fine of ten (10) dollars for each offense to be recovered in the usual mode and forfeitures are recoverable.

RETURN OF A BIRTH ⁷¹¹⁶⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 6th 1884

4. Place of Birth, (Street and Number)

199 George St

5. Full Name of Mother,

Rosanna ~~Pletch~~ Howard

6. Mother's Maiden Name,

" Pletch

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George B. Howard

9. Father's Occupation,

Book agent

10. Father's Birthplace,

Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return,

Gaske Gibbons M.D.

Address,

47 Edmondson Ave

Remarks,

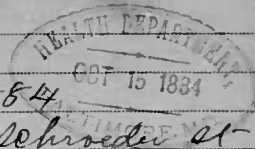
certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health in the manner and within the time required by law, the person or persons who fail to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John William Sasser
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *Oct 10th 1884*
 4. Place of Birth, (Street and Number) *176 N. Schroeder St*
 5. Full Name of Mother, *Elizabeth A. Sasser*
 6. Mother's Maiden Name, " *" Rhoades*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *John W. Sasser*
 9. Father's Occupation, *clerk*
 10. Father's Birthplace, *Prince George Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Gas. Gibbons M.D.*
Address, *47 Edmondson ave*
Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not~~ of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name,*

7. Mother's Birthplace.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

Particulars between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and to the effect provided in this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

74659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
White
October 10th 1884
113 Paulding St.
Mary E. Forsythe
Mary E. Forsythe
Baltimore
James W. Forsythe
Booker M. Fox
Baltimore
The M. R. C. Hall
211 Nassau Ave

RETURN OF A BIRTH

74660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Male
White

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Oct. 20, 1894

4. Place of Birth, (Street and Number).....

4 Kupper Place
Mrs. Effie Shipley

5. Full Name of Mother,.....

" Moore

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

Balto. Md.

8. Full Name of Father,.....

Thos. J. Shipley

9. Father's Occupation,.....

Mechanic

10. Father's Birthplace,.....

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

T. Chew Worthington Md
37 3 W. Fayette St.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

2461

OCT 15 1933

Third

May 22

White

Fourth day of October 1884

53 Prince St. Acoust. Pink

Harriet Norton

Harriet Newman Ball

East Liverpool Ohio

Mr. Thomas H. Black

P. Her

Kirkcaldy Scotland

or other Person who makes this Return

13. Cuba & Forest Park

Remarks, _____

[illegible]

Place of his birth, and this said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health, and every practitioner who shall neglect to do so shall be liable to a fine of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

74662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 1. 1884

4. Place of Birth, (Street and Number) Harriet Avenue No 28

5. Full Name of Mother, Mary A. Gorman

6. Mother's Maiden Name, Mary A. Taylor

7. Mother's Birthplace, Harford Co.

8. Full Name of Father, William H. Gorman

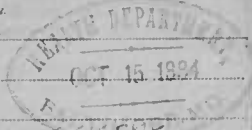
9. Father's Occupation, Carpenter

10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other Person who makes this Return W. J. G. G. G.

Address, No 13 E. 3d St.

Remarks, _____



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or person acting as such, or should a child be born to a woman who has been married, or who has been cohabiting with a man, and the day of the birth of the child is not reported in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Light Brown

3. Date of Birth

8 of October

4. Place of Birth, (Street and Number)

131 Hill St

5. Full Name of Mother,

Lettie ~~East~~ Smith

6. Mother's Maiden Name,

Lettie ~~East~~ Smith

7. Mother's Birthplace,

Shenandoah Virginia County

8. Full Name of Father,

John Wesley Smith

9. Father's Occupation,

Yankee wagon driver

10. Father's Birthplace,

Eastern Shore Albett county

Name of Medical Attendant, or other Person who makes this Return.

Willie Cross

Address,

No 12 Plume Allen

Remarks,

Permit is hereby given to the first and third day of each and every month to the offices of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the nearest office of the Commissioner of Health, and to file a return in this section, which shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 11th 1884*

4. Place of Birth, (Street and Number) *12 153 Green St.*

5. Full Name of Mother, *Catherine Schaefer*

6. Mother's Maiden Name, *Ruth*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Schaefer*

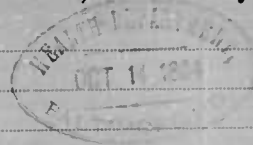
9. Father's Occupation, *Tavern*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Sophia Simon*

Address, *No 70 Granby St.*

Remarks,



thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 74665
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Oct 11 1884
3. Date of Birth
4. Place of Birth (Street and Number) Hart Ave. 86
5. Full Name of Mother Sarah Ellen ~~Hoofman~~ Denaft
6. Mother's Maiden Name Hoofman
7. Mother's Birthplace Rock Hall Kent Co Md
8. Full Name of Father John Paul Denaft
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell
- Address 68 Hart St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, *N. Dallas St. No. 216*

Remarks,

The certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of this person or persons so called, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person failing to do so shall be deemed guilty of neglect, and shall be liable to prosecution therefor. Such omission shall be subject to other laws and forfeitures are nevertheless applicable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 11 1854

4. Place of Birth, (Street and Number) 1018 Grand

5. Full Name of Mother, Annie Neke

6. Mother's Maiden Name, Leitch

7. Mother's Birthplace, Germany

8. Full Name of Father, Francis J. Weber

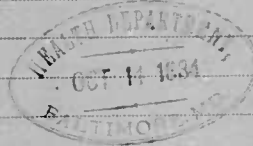
9. Father's Occupation, *Machinist*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. *Sophie Simon*

Address, No 20 Granby St

Remarks,



parents, the date and place of birth, sex, color, and whether the child was born before or after the first day of the month, or should be only a child, and be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, and any such person report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in the usual manner, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 13th 1884*

4. Place of Birth, (Street and Number) *107 William Street*

5. Full Name of Mother, *Julia Ruben*

6. Mother's Maiden Name, *Morgenroth*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *W. Henry Ruben*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Sophia Simon*

Address, *1870 Grandby St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether ~~male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, October 2nd, 1884.

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of a child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November the 13, 1884*

4. Place of Birth, (Street and Number) *Orlean St. No 222*

5. Full Name of Mother, *Sophia White*

6. Mother's Maiden Name, *Sophia Birse*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles White*

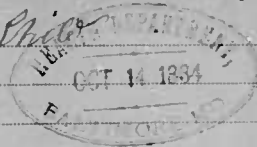
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Trenton, N. J. New Jersey U. S.*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No 26*

Remarks,



In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons on such person or persons report the birth to the Registrar of Vital Statistics, who shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Registrar of Vital Statistics, or other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 13, 1884*

4. Place of Birth, (Street and Number) *N. Bond St. No. 225*

5. Full Name of Mother, *Fanny Tillmann*

6. Mother's Maiden Name, *Fanny Harrisburger*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Philipp Tillmann*

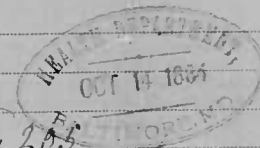
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *N. Dallas St. No. 26.*

Remarks,



Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten (\$10) dollars, and the fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 13 1884*

4. Place of Birth, (Street and Number) *Eastern Av. No. 108*

5. Full Name of Mother, *Sarah Marshall*

6. Mother's Maiden Name, *Sarah Bramley*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *Charles F. Marshall*

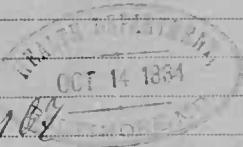
9. Father's Occupation, *Tavern Keeper*

10. Father's Birthplace, *Balt^{ic} City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks, _____



certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a Physician or midwife, the mother, immediately thereafter, it shall become the duty of the mother to report the birth to the Registrar in the manner and within the time prescribed, and any person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 13th 1884

4. Place of Birth, (Street and Number)

25 Myrtle St

5. Full Name of Mother,

Elizabeth Thompson

6. Mother's Maiden Name,

Elizabeth Leonard

7. Mother's Birthplace,

Del.

8. Full Name of Father,

Wm Thompson

9. Father's Occupation,

Railroader

10. Father's Birthplace,

Del.

Name of Medical Attendant, or other Person who makes this Return,

Jane Goodland

Address,

(Widow) 161 Broadway

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the
or in case of a physician or practitioner of midwifery, or should no other person
be in attendance upon the mother, the physician or practitioner of midwifery, or should no other person
report its birth to the Commissioner of Health, in the manner and within the period above specified, shall be subject to
in persons who shall hereafter be recovered, other fines and forfeitures are recoverable,
for each offence to be recovered, other fines and forfeitures are recoverable,
the sum of ten (10) dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 14 1881

4. Place of Birth, (Street and Number)

6 Bmce St

5. Full Name of Mother,

Mary Green

6. Mother's Maiden Name,

Mary Green

7. Mother's Birthplace,

Rich Co Va

8. Full Name of Father,

Wm Spencer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Rich Co Va

Name of Medical Attendant,

or other Person who makes this Return.

Jane Doreland

Address,

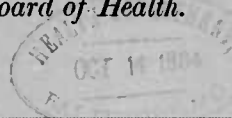
Middleton 16 Bmce St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Sept 23rd 1884
4. Place of Birth (Street and Number) Fort Ave near Jackson
5. Full Name of Mother Christinna Bolander
6. Mother's Maiden Name Back
7. Mother's Birthplace Germany
8. Full Name of Father William Bolander
9. Father's Occupation Porter
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell
Address 88 Fort Ave
Remarks _____

RETURN OF A BIRTH

74677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 3, 1884

4. Place of Birth, (Street and Number)

15-6 Linden Ave.

5. Full Name of Mother,

Ms. Ellen Guthe

6. Mother's Maiden Name,

Switzer

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

William Britton

9. Father's Occupation,

Shoe Manufacturing

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Smith M.D.

Address,

229 Townsend St.

Remarks,

RETURN OF A BIRTH

74678

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

7

4. Place of Birth, (Street and Number)

161 N Dallas St.

5. Full Name of Mother,

Margit Carrale

6. Mother's Maiden Name,

Margit Johnson

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

Jessie Carrale

9. Father's Occupation,

day laborer

10. Father's Birthplace,

Channahons

Name of Medical Attendant, or other Person who makes this Return

Annie Barton

Address,

148 N Dallas St.

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to file in the office of the Commissioner of Health, a certificate of birth, in the form and to the effect hereinafter prescribed, and to pay to the said Commissioner the sum of ten dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 10th 1854

4. Place of Birth, (Street and Number)

Stirling St. 184

5. Full Name of Mother,

Esther D. Bruckmeyer

6. Mother's Maiden Name,

" S. G. Clark

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Joseph Bruckmeyer

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return,

Mrs. W. H. Miller

Address,

48 N. Calverton St.

Remarks,

Stillborn

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or parent of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the mother, to cause a certificate of birth to be made and returned to the Office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/4/88}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 10th 1884

4. Place of Birth, (Street and Number) W. Gay St. No 1455

5. Full Name of Mother, Rubin Dennis

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Peter J. Dennis

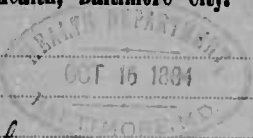
9. Father's Occupation, Long Publisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs R. M. M. M.

Address, 48 Hollands St

Remarks, _____



RETURN OF A BIRTH

74681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Slave Children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *October 11 1889*

4. Place of Birth, (Street and Number) *1425 S. W. 4th St. N.Y.C.*

5. Full Name of Mother, *Aug. Davis*

6. Mother's Maiden Name, *Aug. Anderson*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Thomas Davis*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Wm. H. Glass*

Address, *1425 S. W. 4th St. N.Y.C.*

Remarks, *Good as can be expected*

HEALTH DEPT. BALTIMORE
OCT 16 1889

RETURN OF A BIRTH

74682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 12 ~~1884~~ Oct

4. Place of Birth, (Street and Number) Dallas St 144

5. Full Name of Mother, Virginia Johnson

6. Mother's Maiden Name, Virginia Stepping

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Daniel Johnson

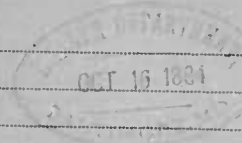
9. Father's Occupation, oyster & shell fishing

Father's Birthplace, T. W. 2d river

Name of Medical Attendant, or other Person who makes this Return H. J. Smith

Address, 1500 Medical Bldg Bldg

Remarks,



certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should so other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the office of the Commissioner of Health, and if such person or persons shall fail to do so, they shall be liable to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 12 1884

4. Place of Birth, (Street and Number)

Law St 141

5. Full Name of Mother,

Maggie Stinson

6. Mother's Maiden Name,

Stevens

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

John H. Stinson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs R. W. W.

Address,

48 Scotland St

Remarks,

7/16/54

LIBRARY OF THE
COT 16 1824
BOSTON, MASS.

~~3/10~~

Male

White

October 12 1887

Garrison St.

Louise W. W. W.

Louise Pope

Gemma

Antalukh Weilm

Laurel

Lucas
Linn

or other Person who
makes this Return

Other Person who
has this Return *Mrs. Marie Ette*

is this Return *Wm. A. ...*
No 10 Cuba St

2.2. THE POINTS IN AND OUTSIDE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Oct Nov 12 Sunday*
4. Place of Birth, (Street and Number) *22 North Holman Street*
5. Full Name of Mother, *Nettie Blumfeld*
6. Mother's Maiden Name, *Nettie Hughes*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hughes*
9. Father's Occupation, *dry man*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Lavigne Mills*
- Address, *22 North Holman St*
- Remarks, *is now being very well in present*

RETURN OF A BIRTH

74686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *Lebanese*

3. Date of Birth, 13

4. Place of Birth, (Street and Number) 265 McCdonough St

5. Full Name of Mother, Lottie A. Williams

6. Mother's Maiden Name, Lottie Perkins

7. Mother's Birthplace, Pensacola Fl.

8. Full Name of Father, Edward Williams

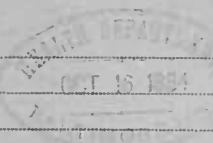
9. Father's Occupation, Seaman

Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes the Return

Address, 76 76 E. North 100 McCleary

Remarks,



RETURN OF A BIRTH 74687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

Quartifana

Female

White

Oct 14th 1884 4. a. m.

224. Fulton Avenue

Gertrude Addison

Gertrude Smith

Glennsville, Md

George C. Addison

Merchant

Baltimore, Md

A. H. Patton M.D.

543. Lexington St

RETURN OF A BIRTH ⁷⁴⁶⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Quartifera

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 14th 1884 4. a. m.

4. Place of Birth, (Street and Number)

224. Fulton Avenue

5. Full Name of Mother,

Gertrude Addison

6. Mother's Maiden Name,

Gertrude Finthicum

7. Mother's Birthplace,

Chorawles. Md

8. Full Name of Father,

George C Addison

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return

A. H. Saxton M D

Address,

543 Lexington St

Remarks,

RETURN OF A BIRTH.

74688

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 6 - 14 1884.

4. Place of Birth (Street and Number)

64 Camden St

5. Full Name of Mother

Caroline

6. Mother's Maiden Name

Roeth

7. Mother's Birthplace

Baeto

8. Full Name of Father

Henry Hal

9. Father's Occupation

Jeweler

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. W. Jewell

Address

258 Madison Ave.

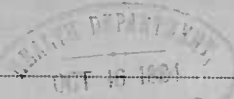
Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

74689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1/5
4. Place of Birth, (Street and Number) Down home Rt. 2-5
5. Full Name of Mother, Sarah M. Minton
6. Mother's Maiden Name, Sarah Minton
7. Mother's Birthplace, Eastern Shore - Md.
8. Full Name of Father, Richard Minton
9. Father's Occupation, Chas. Laborer
10. Father's Birthplace, Eastern Shore - Md.
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. W. Smith
- Address, 100 N. E. 6th St.
- Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

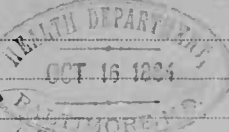
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Mrs. K. Allig
48 Hollman St.

RETURN OF A BIRTH.

74691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 54

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 2, 1884

4. Place of Birth (Street and Number) William St.

5. Full Name of Mother Paula Wheeler Paula Butler

6. Mother's Maiden Name Paula Wheeler

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Butler

9. Father's Occupation Houseman

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary R. Easby

Address 124 Hamburg Street

Remarks Missing Will



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 54
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 8, 1884
4. Place of Birth (Street and Number) 13 William Street
5. Full Name of Mother Mary Rindel
6. Mother's Maiden Name Mary Hobson
7. Mother's Birthplace Northumberland County
8. Full Name of Father Aldrich Rindel
9. Father's Occupation Laborer
10. Father's Birthplace Eastern Shore
- Name of Medical Attendant, or other Person who makes this Return. Mary B. Cuskey
- Address 134 Hamburg St
- Remarks Living Well



RETURN OF A BIRTH

74693

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 9th

4. Place of Birth, (Street and Number)

53 Chester St Be city Md

5. Full Name of Mother,

Jennie Boyed

6. Mother's Maiden Name,

Bis-son

7. Mother's Birthplace,

Balt city

8. Full Name of Father,

Amos K Boyed

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return

M. A. Davenport

Address,

194 George St

Remarks,

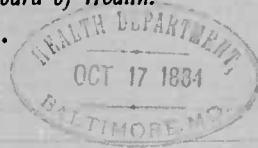
Mother - 's had doing well

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *Oct 9th 1884*

4. Place of Birth (Street and Number) *# 46 Mulberry St*

5. Full Name of Mother *Ellen Mason*

6. Mother's Maiden Name

7. Mother's Birthplace *St Mary County Md*

8. Full Name of Father *August E. Hoyer*

9. Father's Occupation *Isles*

10. Father's Birthplace *Balt^o Md*

Name of Medical Attendant, or other Person who makes this Return. *Sam D. Boston*

Address *Hamilton St*

Remarks

RETURN OF A BIRTH

74695

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

3rd

Boys

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 16th

4. Place of Birth, (Street and Number)

Walt St No 73 Be city

5. Full Name of Mother,

Darah E Whitten

6. Mother's Maiden Name,

Wadon

7. Mother's Birthplace,

Be city Md

8. Full Name of Father,

Nicholas E Whitten

9. Father's Occupation,

Brewer Maker

10. Father's Birthplace,

Be city Md

Name of Medical Attendant, or other Person who makes this Return

M, A Davenport

Address,

194 Gough St

Remarks,

Mother & Baby dying

Well



THIS CARD IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, AND THE NAME OF THE MOTHER OF EACH CHILD OR CHILDREN.

RETURN OF A BIRTH.

74696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 13th 1884

4. Place of Birth (Street and Number) 172 G. W. Ave

5. Full Name of Mother Ella B. Dailey

6. Mother's Maiden Name " B. Anderson

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father John T. Dailey

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 171 N Calvert St

Remarks

Geo. B. Reynolds M.D.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, and to file a Return of Birth, as provided in this section, and to pay the fee therefor, as provided in this section, and to pay the fee for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

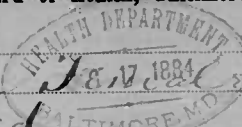
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

Colored

October 13th 1884

9 Carter Street

Adeline Johnson

Adeline Johnson

Baltimore

Harmon Cooper

Laborer

Baltimore

Leah Walker

9 Maryland Ave

certification of the birth of a child shall occur without the attendance of a physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person who shall be licensed by the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
Colored
October 13th
Baltimore, D. Broadway
Annies Warfield
Hickson
Virginia
Andrew Warfield
Laborer
Virginia
Leah Walker
P. Warfield
Healthy

Birth of any child shall occur without the attendance of a physician or person authorized by law, or a nurse, or a midwife, or a person who has been licensed by the Board of Health, to attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false report, or who neglects to file a true and correct copy of this return, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁷⁴⁶⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 14th

4. Place of Birth, (Street and Number)

80 Britton St.

5. Full Name of Mother,

Annier Duncan

6. Mother's Maiden Name,

" Balto "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

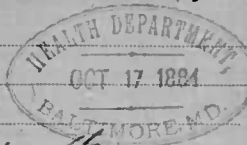
Leah Walker

Address,

2. Hubbard Ave

Remarks,

Healthy



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *October 16 1884*

4. Place of Birth, (Street and Number) *No 11 Grindal court*

5. Full Name of Mother, *Mary Catharine arms*

6. Mother's Maiden Name, *Mary Garrison*

7. Mother's Birthplace, *Baltimore city*

8. Full Name of Father, *Nathaniel Garrison*

9. Father's Occupation, *carter*

10. Father's Birthplace, *Balt city*

Name of Medical Attendant, or other Person who makes this Return

Address, *Midwife*

Remarks, *Mary Chase residence No 11 Grindal court*



RETURN OF A BIRTH

7/17/01

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

African

3. Date of Birth,

Oct 16 - 1884

4. Place of Birth, (Street and Number)

21 Short Street

5. Full Name of Mother,

Isabella Webb

6. Mother's Maiden Name,

Isabella Ross

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jno Webb

9. Father's Occupation,

Iron Dealer

10. Father's Birthplace,

Dorchester Co

Name of Medical Attendant, or other Person who
make this Return

Daniel V Moyer M.D

Address,

192 Airquith St

Remarks,

Balt

Considered. Whether born or not, the full name, survey, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth September 3rd 1884

4. Place of Birth (Street and Number) 52 Johnson St.

5. Full Name of Mother Annie Lamm

6. Mother's Maiden Name Annie Gregory

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father William Lamm

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Casky

Address 134. Harrison Street

Remarks Living Well



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

74703

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 26th 1884*
4. Place of Birth (Street and Number) *Halls Road*
5. Full Name of Mother *Jeannie Quinn*
6. Mother's Maiden Name *" Young*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Marten Quinn*
9. Father's Occupation *Black Smith*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. B. Reynolds*
- Address *191 N Calvert*
- Remarks



RETURN OF A BIRTH.

74704

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 28, 1884

4. Place of Birth (Street and Number) 80 West 9th

5. Full Name of Mother Florence Barnes

6. Mother's Maiden Name Florence Eastle

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Barnes

9. Father's Occupation Laborer

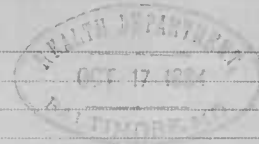
10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return.

Mary B. Eastle

Address 1344 Humboldt Street

Remarks Healthy Will



configuration. Whether with birth or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 7/17/05

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. Sex, (state whether male or female) *6th child*
2. Race or Color, (if not of the white race) *female*
3. Date of Birth, *white*
4. Place of Birth, (Street and Number) *30 September 1884*
5. Full Name of Mother, *W Pratt St. 377*
6. Mother's Maiden Name, *Lupia Shuhman*
7. Mother's Birthplace, *Lupia Meier*
8. Full Name of Father, *Henzen, Hanover*
9. Father's Occupation, *Georg Shuhman*
10. Father's Birthplace, *Tailor*
Name of Medical Attendant, or other Person who makes this Return *Gudensberg, Hapsia.*
Address, *L. S. Pinkard*
Remarks, *205 W Lombard Street*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATISTICIANS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 9th*

4. Place of Birth, (Street and Number) *107 Federal St*

5. Full Name of Mother, *Catherine J. Bauer*

6. Mother's Maiden Name, *" " J. Heibner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Bauer Jr.*

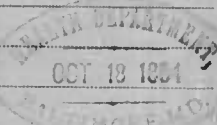
9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Susan A. Green*

Address, *466 North Gay St*

Remarks, *"*



RETURN OF A BIRTH.

74707

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

17 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White race*

3. Date of Birth *10. of October 1884*

4. Place of Birth (Street and Number) *No 70 Union st*

5. Full Name of Mother *Lizzie Pieper Krueger*

6. Mother's Maiden Name *Lizzie Krueger Pieper*

7. Mother's Birthplace *in Baltimore*

8. Full Name of Father *Fred Krueger*

9. Father's Occupation *a cigar maker*

10. Father's Birthplace *in Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Midwife Theresa Geller*

Address *No 34 Union st*

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74708

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

6th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

11th of October

4. Place of Birth (Street and Number)

302 Ramsey St

5. Full Name of Mother

Anna pertonia Thompson

6. Mother's Maiden Name

Anna pertonia Battell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Smallwood Thompson

9. Father's Occupation

Fireman on locomotive

10. Father's Birthplace

Baltimore More Undersmy

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

12 October

4. Place of Birth, (Street and Number)

Gatmans Alley 141

5. Full Name of Mother,

Elisabeth Kochler

6. Mother's Maiden Name,

Josephine Lieschke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Kochler

9. Father's Occupation,

Workman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Caroline Shy

Address,

Elisabeth Alley 141 5

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any other law and penalties are recoverable.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed by the Board of Health, and to cause the child to be registered, and to cause any person or persons who shall hereafter fail to comply with the provisions of this act, to be liable to a fine of ten dollars, and to be liable to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth, October 12th 1894

4. Place of Birth, (Street and Number)

386 E Chase St

5. Full Name of Mother,

Emma Ballman

6. Mother's Maiden Name,

Emma Adams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Los. Henry Ballman

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Julia A. Grooms

Address,

466 North Gay St Baltimore

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in such cases the parent or parents of such child shall be liable for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 Oct 1884*

4. Place of Birth, (Street and Number) *141 Lou St*

5. Full Name of Mother, *May Jacob*

6. Mother's Maiden Name, *Mary Steiner*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Max Jakob*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *William B. Galanter*

Address, *228 N. Linn St Baltimore*

Remarks, *R.D.*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 15, 1884

4. Place of Birth, (Street and Number)

357. 10. Pratt St.

5. Full Name of Mother,

Fann Weizman

6. Mother's Maiden Name,

Fann Segel

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Weizman

9. Father's Occupation,

Store Butler

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Dr. Kunigunda Schlifer

Address,

20 Columbia St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered in the usual manner.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth, to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are so recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *15 Oct 1884*

4. Place of Birth, (Street and Number) *16 Marriin*

5. Full Name of Mother, *Augusta Engelhart*

6. Mother's Maiden Name, *Augusta Wodern*

7. Mother's Birthplace, *Baden*

8. Full Name of Father, *August Wodern*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *Baden*

Name of Medical Attendant, or other Person who makes this Return, *Miss Ruiz Galam*

Address, *28 S. Smith St. Baltimore*

Remarks, *M. L.*



RETURN OF A BIRTH.

74714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) Colored (mixed)
 3. Date of Birth October 15th 1884
 4. Place of Birth (Street and Number) 39 Larew alley
 5. Full Name of Mother Garah Elizabeth Elliott
 6. Mother's Maiden Name Garah Elizabeth Pye.
 7. Mother's Birthplace Maryland
 8. Full Name of Father Robert Elliott
 9. Father's Occupation Porter in Store
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.
 Address 125 N Charles St.
 Remarks



RETURN OF A BIRTH 74715

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Clara Jones.
Male.
Colored.
Oct 13
11 43 North Sharp st.
Clara Jones
Clara Smith
Baltimore
George Jones
Cook
Baltimore
Clara Jones
1179 F Margaret

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 19 1881

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First child of Mrs. Jones
Male

White

Born 11th October

100 Saint Paul Street

Mrs. Maria Jones

Baltimore

Res. Dr. J. W. Jones

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 1st 84

4. Place of Birth, (Street and Number)

435 Hancock St.

5. Full Name of Mother,

Kate Winecke

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Hessen-Darmstadt.

8. Full Name of Father,

Fred. Winecke

9. Father's Occupation,

Butter Dealer

10. Father's Birthplace,

Hessen-Darmstadt.

Name of Medical Attendant, or other Person who makes this Return

May Kook

Address,

328 S. E. Starr St.

Remarks,

Should no other person be in at child's birth, the mother, immediately thereafter, shall sign becoming the legal parent of the child, and shall file the same with the Registrar of Vital Statistics, who shall thereupon issue a birth certificate, and the same shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 16/1894*

4. Place of Birth, (Street and Number) *281 Hancock*

5. Full Name of Mother, *Millicent V Wall*

6. Mother's Maiden Name, *" " " Davis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry P Wall*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Dorchester Co Md*

Name of Medical Attendant, or other Person who makes this Return *Wendell Cooke M.D.*

Address, *146 Hancock St Baltimore*

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall not become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner herein provided, within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the parent or parents shall be liable to a fine of ten dollars for each child so born or so dying, in default of which the Board of Health may cause the child to be removed to a time of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7 of Oct*

4. Place of Birth, (Street and Number) *197 of Meadway Alle*

5. Full Name of Mother, *Agnes Müller*

6. Mother's Maiden Name, *= Freudenmeyer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Müller*

9. Father's Occupation, *Hamm Wacker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. E. Behnken*

Address, *434 Lancaster St*

Remarks, *Canton*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, and other laws and forfeitures are recoverable.

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 child*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 9th 1884

4. Place of Birth, (Street and Number)

Highland town

5. Full Name of Mother,

Mary Mickel

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Michel

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Miss Wiley

Address,

12 Patterson Park av

Remarks,

should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so present to report to the Registrar of Births, in the manner and within the period above prescribed, except in all cases where the mother is unable to do so, in which case any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 19 1894*

4. Place of Birth, (Street and Number) *512 Franklin St.*

5. Full Name of Mother, *Marion A. North*

6. Mother's Maiden Name, *" " Wood*

7. Mother's Birthplace, *Tallat Co. Md.*

8. Full Name of Father, *Wm. A. North*

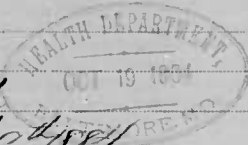
9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Theodore C. Coker M.D.*

Address, *146 W. Main St. Baltimore*

Remarks, _____



RETURN OF A BIRTH ⁷⁴⁷²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Oct 1884

4. Place of Birth, (Street and Number) 1 Ft. Green A.

5. Full Name of Mother, Anna Russey

6. Mother's Maiden Name, Anna Russey

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Ferdinand Russey

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptel

Address, 67 N. Washington St

Remarks, Mary Koptel



Lives, of any child after securing within the attention of a physician or physician's assistant, or other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Registrar of Vital Statistics, within the time specified in the regulations, and in default of such report, the birth shall be deemed to be concealed, and the person or persons of such child, shall be liable to the fine of ten (10) dollars for each offence to be recovered, and other fines and forfeitures are recoverable.

be in the same when the mother immediately thereafter. It shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered at other place and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white race

3. Date of Birth

October the 12

4. Place of Birth, (Street and Number)

Baltimore Byrd St No 4

5. Full Name of Mother,

Christendah gurney

6. Mother's Maiden Name,

white

7. Mother's Birthplace,

fordham n. y.

8. Full Name of Father,

Hardyson gurney

9. Father's Occupation,

tailor

10. Father's Birthplace,

North Carolina

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hathorn

Address,

william st. No 244

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each default so be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Oct 12th 1884*

4. Place of Birth, (Street and Number) *149 Washington St*

5. Full Name of Mother, *Ann B Long*

6. Mother's Maiden Name, *Kemp*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Sang*

9. Father's Occupation, *Labore*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Willey*

Address, *12 Patterson park av*

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 12/84*

4. Place of Birth, (Street and Number) *437 Eastern Ave*

5. Full Name of Mother, *Theresa E. Kuman*

6. Mother's Maiden Name, *Theresa E. Byrne*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Wm E. Kuman*

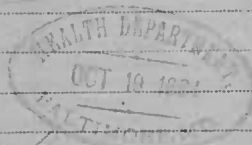
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Miss Haley*

Address, *No 12 Patterson Park av*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 10th 1884

4. Place of Birth, (Street and Number)

314 P. St. S. E.

5. Full Name of Mother,

Lucy Newton

6. Mother's Maiden Name,

Lucy Young

7. Mother's Birthplace,

Accomac Co. Va.

8. Full Name of Father,

Peter Newton

9. Father's Occupation,

Laborer

10. Father's Birthplace,

West Indies

Name of Medical Attendant, or other Person who makes this Return,

Dr. J. J. X. Williams

Address,

252 Hughes St.

Remarks,

Be in attendance upon this mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, and for each offence other fines and forfeitures are recoverable.

he in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Oct. 1884

4. Place of Birth, (Street and Number) 48 Mcclurg St

5. Full Name of Mother, Florence Koeniger

6. Mother's Maiden Name, Koeniger

7. Mother's Birthplace, Germany

8. Full Name of Father, William Koeniger

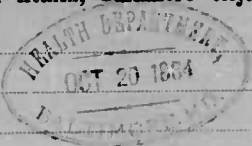
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Koptel

Address, 697 Washington St

Remarks, Mary Koptel



Let in all cases upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period and at the place required, and any person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elizabeth Barbara Rocklitz*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12 Oct 1884*

4. Place of Birth, (Street and Number) *124 N. Bond St*

5. Full Name of Mother, *Antonia Rocklitz*

6. Mother's Maiden Name, *Antonia (Now) Gladys*

7. Mother's Birthplace, *Berlinia*

8. Full Name of Father, *August Rocklitz*

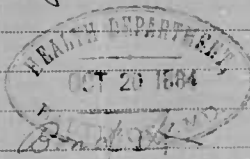
9. Father's Occupation, *Miller*

10. Father's Birthplace, *Berlinia*

Name of Medical Attendant, or other Person who makes this Return, *Mary Kaptel*

Address, *621 Washington St*

Remarks, *Mary Kaptel*



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Oct 1884

4. Place of Birth, (Street and Number) 92 1 Westing

5. Full Name of Mother, Johanna Kelly

6. Mother's Maiden Name, Johanna Henricson

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Kelly

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Koptis

Address, 69 1/2 Westing St

Remarks, Mary Koptis



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷⁴⁷³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
1. Sex, (state whether male or female) Little Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 13. of October 1884
4. Place of Birth, (Street and Number) Baltimore Calverton road 20
5. Full Name of Mother, Mrs Sherer
6. Mother's Maiden Name, Miss Barbara Schlegel
7. Mother's Birthplace, Darmstadt Germany
8. Full Name of Father, Henry Sherer
9. Father's Occupation, Butcher by trade
10. Father's Birthplace, Kessen Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs Miller
- Address, 1017 west Pratt St city
- Remarks,

be to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 October 1884

4. Place of Birth, (Street and Number) 504 N. Duke St.

5. Full Name of Mother, Mary Varra

6. Mother's Maiden Name, Mary Rodescova

7. Mother's Birthplace, Bolonia

8. Full Name of Father, John Varra

9. Father's Occupation, Tailor

10. Father's Birthplace, Bolonia

Name of Medical Attendant, or other Person who makes this Return, Mary K. Pratt

Address, 65 North Prichard St.

Remarks, Mary K. Pratt



he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be the guardian of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Oct 1894

4. Place of Birth, (Street and Number) 262 Resch's St

5. Full Name of Mother, Anna Schulz

6. Mother's Maiden Name, Anna Salasde

7. Mother's Birthplace, Prussia

8. Full Name of Father, Michael Schulz

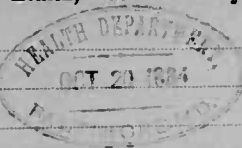
9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kaptol

Address, 691 West 10th St

Remarks, Mary Kaptol



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Oct 1884

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Lia Ott Kruffer

6. Mother's Maiden Name, Lia Ott Raylist

7. Mother's Birthplace, Bermary

8. Full Name of Father, James Kruffer

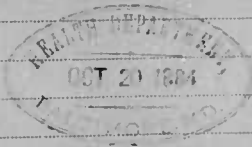
9. Father's Occupation, Saloon

10. Father's Birthplace, Bermary

Name of Medical Attendant, or other Person who makes this Return, Mary Keptist

Address, 69 1 Washington St

Remarks, Mary Keptist



be in this office upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7/17/36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 the*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 Octbr (Heidelberg)*
4. Place of Birth, (Street and Number) *Corner Lough and 3rd Avenue*
5. Full Name of Mother, *Minna Wiesener*
6. Mother's Maiden Name, *= Stupbart*
7. Mother's Birthplace, *Bielefeld (Germ)*
8. Full Name of Father, *Wolfgang Wiesener*
9. Father's Occupation, *Labeln*
10. Father's Birthplace, *Bielefeld (Germ)*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs E. Behnken*
- Address, *434 Lancaster Street*
- Remarks, *Canton*

Extracts Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 6. And be it further enacted and declared, That every person practicing midwifery in Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be bound to report the same to the Board of Health, and to be furnished with a birth certificate, which shall be filed in the office of the Board of Health, and shall set forth, as far as the same can be ascertained, the full name and designation of its parents, the day and hour of its birth, the sex, color, the full name and designation of its physician, or of a practitioner of midwifery, or of any other person to whom it shall be delivered, and the place where it was born, and the name of the mother, and the name of the father, and the name of the person or persons who shall hereafter full to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 15th 88

4. Place of Birth, (Street and Number)

#62 Russell St.

5. Full Name of Mother,

Dora Wetter

6. Mother's Maiden Name,

Kramer

7. Mother's Birthplace,

Hessen, Darmstadt, Germ.

8. Full Name of Father,

Louis Wetter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Kuchershausen, Germ.

Name of Medical Attendant, or other Person who makes this Return

May Kroh

Address,

#328 S. Eaten St.

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Every child shall secure without the attendance of a Physician or practitioner of midwifery, or should in any person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in any other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

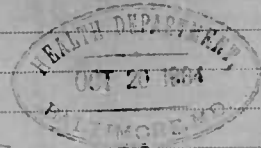
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Oct 1894
4. Place of Birth, (Street and Number) 459 E. 1st St
5. Full Name of Mother, Caroline Kowala
6. Mother's Maiden Name, Caroline Gule
7. Mother's Birthplace, London, England
8. Full Name of Father, Antoni Kowala
9. Father's Occupation, Yarn Dealer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, Mary Kofner

Address, 69 N. 1st St

Remarks, Healthy



Particulars between the fees and charges for the services of a physician or midwife, or should no other person be present, the fee for the physician or midwife, shall be paid by the person or persons of such child, to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ^{74/739}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Oct 1884

4. Place of Birth, (Street and Number) 980 7th Ave

5. Full Name of Mother, Larry Kuman

6. Mother's Maiden Name, Larry Kudez

7. Mother's Birthplace, Prussia

8. Full Name of Father, Edw. Kudez

9. Father's Occupation, Tailor

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Mary Kottel

Address, 65 N. Washington St

Remarks, Mary Kottel



Birth of any child shall occur without the attendance of a physician or other person duly qualified to perform the duties of the person or persons of such child, to be first reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so reported, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. 74740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st October 18th 1884.*

1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth *Oct. 16th 1884.*
4. Place of Birth, (Street and Number) *98 S Wolfe St.*
5. Full Name of Mother, *Sarah Jumenthal.*
6. Mother's Maiden Name, *Sarah Wertheimer.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Samuel Jumenthal.*
9. Father's Occupation, *Sabon.*
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary Amund.*

Address, *No. 137 S Wolfe St.*

Remarks, *JP*



RETURN OF A BIRTH

74741

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White Child*

3. Date of Birth, *16 of October*

4. Place of Birth, (Street and Number) *176 Ramsey Street*

5. Full Name of Mother, *Mary Ann Silbergahn*

6. Mother's Maiden Name, *Mary Ann Hissley*

7. Mother's Birthplace, *Baltimore State of Maryland*

8. Full Name of Father, *Charles W Silbergahn*

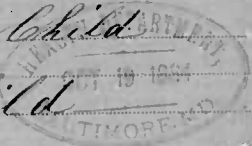
9. Father's Occupation, *Brass Molder*

10. Father's Birthplace, *Baltimore State of Maryland*

Name of Medical Attendant, *Mr. Range*
or other person who makes this return

Address, *No 426 Cross Street between Bridgely & Taca*

Remarks.



birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are receivable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

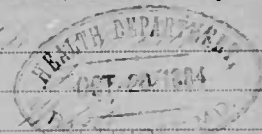
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



17-1 (Child 1st)

Baltimore City

Annie Hall

Annies Hall

Germany

John Hall

Farmer

Germany

Mar. C. Limer

17-1 (Child 1st)

Baltimore City

8-84

Birth of a child shall occur without the attendance of a physician or midwife, and the mother or parents of such child, so be in attendance upon the child, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

Oct 18th

1884

1884

BALTIMORE, MD

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Oct 18th 1884*

4. Place of Birth, (Street and Number) *7 Spruce St*

5. Full Name of Mother, *Katie Dinskey*

6. Mother's Maiden Name, *Katie Ruchle*

7. Mother's Birthplace, *America*

8. Full Name of Father, *J. W. Dinskey*

9. Father's Occupation, *Cannemaker*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend*

Address, *No. 137 - 1 Wolfe St*

Remarks, *AD*

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten dollars, and the child, if born, shall be subject to the fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

74-744
First Birth
Female
White
Oct. 7th 1884

168 Anna Ave.
Elizabeth Quiber
to " " Duobell
Howard County
Jacob Quiber
Painter
Baltimore Md.

Susan Shuster
2166 Poppleton St

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report the birth to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5th DEPARTMENT
OCT 20 1884

female

White

1884

10th of October

58 South Calhoun St.

Mary Magdalen Weidenhamm

Nicklas

Baltimore

Edward Weidenhamm

Piano maker

Germania.

Susan Hunt

21 St. Regent St.

74746

[illegible]

Four

Male

Calcutta

12th Oct 1884

No 4 Brailfords alley

Martha Chase

" " Wilson

Eastern shore Md.

William Bliss

Labouche

Eastern shore M.D.

Swan Morgan

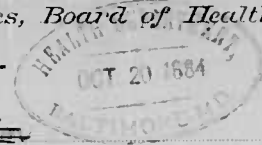
47 A. Durham N. city

Remarks,



RETURN OF A BIRTH 74747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 13 Oct Last
4. Place of Birth, (Street and Number) Beach alley No 43
5. Full Name of Mother, Mary Nelson
6. Mother's Maiden Name, Mary Young
7. Mother's Birthplace, Gaston S.C.
8. Full Name of Father, Henry Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, J. D. Dixon
- Address, 25 Greenmount
- Remarks, None

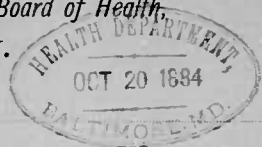
of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74748

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct - 13th

4. Place of Birth (Street and Number)

205. N. Calhoun St.

5. Full Name of Mother

Clara Miller

6. Mother's Maiden Name

Clara Burgess

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas S. Miller

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary J. Price

Address

321. E. Monument St.

Remarks

every child, between the first and third years of its existence, or of a persistence of jaundice, or birth of any child shall occur without the attendance of a physician, or of a persistence of jaundice, or duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth of illegitimate children, not any person or persons who shall hereafter willfully neglect to comply with the provisions of this subject to a fine of ten dollars, and ordered to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th Oct 1884

4. Place of Birth, (Street and Number)

89 Lomb. Broadway

5. Full Name of Mother,

Mrs. Helen Baucup

6. Mother's Maiden Name,

" " Davis

7. Mother's Birthplace,

Dorchester Co. Md.

8. Full Name of Father,

John C. Baucup

9. Father's Occupation,

Paperhanger

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Susan Morgan

Address,

47 St. Paulin & City

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so called to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and shall be liable to recover the same as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First + Twins

1. Sex, (state whether male or female)

Twins, 2, Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Wednesday Oct-15-1884 6 am O'clock

4. Place of Birth, (Street and Number)

No 31 Park St

5. Full Name of Mother,

Mary A Childs

6. Mother's Maiden Name,

Mary A Zimmerman

7. Mother's Birthplace,

Washington D.C

8. Full Name of Father,

John T. Childs

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

2142 Poppleton St

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should so other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered by the Commissioner of Health, and other laws and ordinances are recited.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

74-751
Fourth Child

Male Child

White

Oct 16th 1884

173. Pennsylvania Ave

Mary V. Sakerland

Morrow

Baltimore City

Alvis P. Sauerland

Printer

Baltimore City

Susan Shurtz

21 No. Pappalton St

Any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
OCT 20 1884

white

Oct-17-1884

14 Constitution St

Lizzie O'Neill

" Higgins

Balt.

Wm. F. O'Neill

Merchant

Ireland

Wm. H. O'Neill

14 24 E. E. - 4

RETURN OF A BIRTH

74753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct. 17th 1884

4. Place of Birth, (Street and Number) 3 Peach Alley

5. Full Name of Mother, Sarah Martin

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Fredricksburg, Va.

8. Full Name of Father, Henry Martin

9. Father's Occupation, Wood carrier

10. Father's Birthplace, Winchester, Va.

Name of Medical Attendant, or other Person who makes this Return, J. M. Somber, M.D.

Address, 1705 Sharp St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report of birth to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *15th of October 1884*

4. Place of Birth, (Street and Number) *22 North Washington Street*

5. Full Name of Mother, *Kate Hitchen*

6. Mother's Maiden Name, *Kate Webster*

7. Mother's Birthplace, *Dells Island Eastern Shore*

8. Full Name of Father, *John C. Webster*

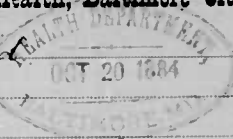
9. Father's Occupation, *Dratcher*

10. Father's Birthplace, *Dells Island Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *71 North Chapel Street per Jonathan Kunkel*

Remarks, *Healthy*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18th of October 1884*

4. Place of Birth, (Street and Number) *66 North Washington Street*

5. Full Name of Mother, *Laura Rial*

6. Mother's Maiden Name, *Laura Parker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Willie Parker*

9. Father's Occupation, *Laborman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *71 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

should no other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, provided for in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of TEN DOLLARS, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁴⁷⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Light complexion

3. Date of Birth,

October 18th 1884

4. Place of Birth, (Street and Number)

5 Ross St

5. Full Name of Mother,

Sarah Williams

6. Mother's Maiden Name,

Herberts

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Wm Williams

9. Father's Occupation,

Blackster

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Amelia Johnson

Address,

6 Hamilton St

Remarks,



RETURN OF A BIRTH 74757

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 20th 1884

4. Place of Birth, (Street and Number)

157 N. Stricker st

5. Full Name of Mother,

Estella M. McDelland

6. Mother's Maiden Name,

Estella M. Suter

7. Mother's Birthplace,

Knoxville Maryland

8. Full Name of Father,

James M. Suter

9. Father's Occupation,

Fresco Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who make this Return

J. Hawley Hill M.D.

Address,

67 Calhoun St. E. Edmondson Ave

Remarks,

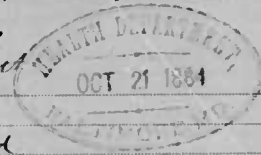


RETURN OF A BIRTH.

74758

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Coloured

3. Date of Birth

Oct 18th /84

4. Place of Birth (Street and Number)

Eisen St no 199 Baltimore Md

5. Full Name of Mother

Elizabeth Weine

6. Mother's Maiden Name

Elizabeth

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Weine

9. Father's Occupation

Drayman

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Frances Granby

con fion. whether still born or not, name of the mother of such child or children.

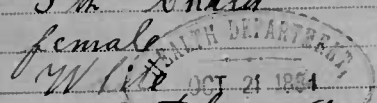
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as in other Acts and Ordinances are recoverable.

RETURN OF A BIRTH.

74759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 18
4. Place of Birth, (Street and Number) N 171 Caroline Street
5. Full Name of Mother, Dorathai Kirstner
6. Mother's Maiden Name, Dorathai Krummeck
7. Mother's Birthplace, in Baltimore
8. Full Name of Father, Charles Kirstner
9. Father's Occupation, laborer
10. Father's Birthplace, in Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs. F. Kaufmann
Address, No 202. S. Dallas Street
Remarks, Midwife



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 19

4. Place of Birth, (Street and Number)

No 101. Wilk Street

5. Full Name of Mother,

Katharina Cahr

6. Mother's Maiden Name,

Katharina Seifert

7. Mother's Birthplace,

in Germania

8. Full Name of Father,

Charles Cahr

9. Father's Occupation,

Painter

10. Father's Birthplace,

in Germania

Name of Medical Attendant, or other Person who makes this Return.

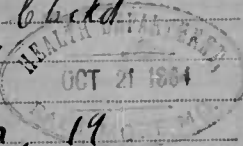
Mrs. F. Kaufmann

Address,

No 202. S. Dallas Street

Remarks,

Midwife



It shall be the duty of the person or persons of whom a birth is reported to the Registrar, immediately thereafter, to fill out and sign this Return, and to deliver it to the Registrar, within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 1/84

4. Place of Birth, (Street and Number)

131 Gough St.

5. Full Name of Mother,

Anna Hertle

6. Mother's Maiden Name,

Anna Bach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Hertle

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 S. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

For the purpose of ascertaining the number of such child or children, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st ch

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 1st 1881

4. Place of Birth, (Street and Number)

177 Chew St.

5. Full Name of Mother,

Mary Young

6. Mother's Maiden Name,

Borman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

C. Young

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson M.D.

Address,

257 E. Monument Ave

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

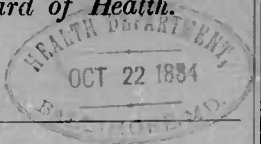
74763
5th
female
white
October 4th 1884
179 Penn ave
Ella Helme
Gready
Baltimore
Wm Helme
Newman
Baltimore
Dr. C. A. Lewis
162 Hanger st

name of the mother of such child or children.

RETURN OF A BIRTH, 74761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Sept 2nd 1884

4. Place of Birth, (Street and Number) OCT 10

5. Full Name of Mother annie brown

6. Mother's Maiden Name anna Turner

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Brown

9. Father's Occupation laborer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Donaldson

Address mother and child

Remarks William Street

74765 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 10 1884
4. Place of Birth (Street and Number) 525 E. Mid. Kirk Ave
5. Full Name of Mother Rose Albough
6. Mother's Maiden Name Linthicum
7. Mother's Birthplace Balto
8. Full Name of Father Geo. A. Albough
9. Father's Occupation Corn Merchant
10. Father's Birthplace Balto
Name of Medical Attendant, or other Person who makes this Return. Chas. A. Jarvis
Address 162 Hanover St
Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician, or other person who makes this return, and any such person shall be liable to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, for each child so neglected, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10, (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

74767

Part of any estate shall accrue without the attendance of a physician and practitioner of the faculty, or surgeon, or other person in attendance upon the Complainant, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

22

Per. de 23 16 1/4

White

Oct 12th 1884

219 Benton Co

Emma Stewart

Ermine Terrell

B. Allen

Charles Plumett

Liberal

B. Allen

Mary L Swanze

[illegible]

birth of any child about seven without the attendance of a physician, or of a head nurse of public day, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and under the penalty, and forfeitures of illegitimate children, and any person or persons who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March
4. Place of Birth, (Street and Number) Taylor St 3 bet Broad and
5. Full Name of Mother, Lara Johnson
6. Mother's Maiden Name, Lara Johnson
7. Mother's Birthplace, Bethel St bet Baltimore and Lomb St
8. Full Name of Father, Harry Johnson
9. Father's Occupation, Carving Work
10. Father's Birthplace, Baltimore Co
- Name of Medical Attendant, or other Person who makes this Return Euseb Morgen
- Address, North Durham 47
- Remarks, no remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

74769

OCT 23 1901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 13 1901

4. Place of Birth (Street and Number)

313 S. Pratt St

5. Full Name of Mother

Carrie C. Hopkins

6. Mother's Maiden Name

Carrie C. Hopkins

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. C. Hopkins

9. Father's Occupation

Book Binder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John B. Thompson, M.D.

Address

313 S. Calvert St

Remarks

Be it enacted by the Senate and House of Delegates of the State of Maryland, That any person who shall neglect to register the birth of any child born within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

14 October

4. Place of Birth, (Street and Number)

99 C. Pratt.

5. Full Name of Mother,

Mary Frederick

6. Mother's Maiden Name,

Gilber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Frederick

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22 E. Lombard

Remarks,

7471

that any child born to or adopted by a person or persons who should be other person be in attendance when the mother immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now lawfully recovered.

5-

Me ch

which -

Oct 15/84

100 N. Mount St

Marie Green

Stewart

Maryland

Gordon Green

Gluck

Mary Ann O.

Thos. Spier M.D.

179 H. Howard

.....

CITY PRINTER AND STATIONER

RETURN OF A BIRTH, 74772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 64

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth October 1884

4. Place of Birth, (Street and Number) 664 Light St.

5. Full Name of Mother Laura C. Lantry

6. Mother's Maiden Name Mary

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Louis Lantry

9. Father's Occupation Laborer

Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. J. W. G. G. G.

Address 634 Light St.

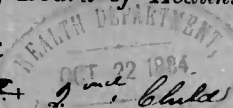
Remarks

name of the mother of such child or children.

RETURN OF A BIRTH, 7477³

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *16 Oct*

4. Place of Birth, (Street and Number) *High Street 627*

5. Full Name of Mother *Anesia Gold*

6. Mother's Maiden Name *Anesia Kelly*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *August Gold*

9. Father's Occupation *laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *Elizabeth Donaltson*

Remarks *William Street*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

16 October

4. Place of Birth, (Street and Number)

11 S. Lloyd

5. Full Name of Mother,

Annie Anderson

6. Mother's Maiden Name,

Griffen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Gust Anderson

9. Father's Occupation,

Wagon driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

13 E. Lombard

Remarks,

RETURN OF A BIRTH 74775

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 16, 1884

4. Place of Birth, (Street and Number)

414 Orleans St.

5. Full Name of Mother,

Ruth Mary Baer

6. Mother's Maiden Name,

"Bair" Lynel

7. Mother's Birthplace,

Bair, Md.

8. Full Name of Father,

Charles Baer

9. Father's Occupation,

Clark

10. Mother's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

G. G. Clark

Address,

Balt. & Gast. sts.

Remarks,

Natural

Be is attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to pay the fee of registration, and to file the certificate of birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *October 17 1884*

4. Place of Birth, (Street and Number) *273 Canton avenue*

5. Full Name of Mother, *Mary Jackson*

6. Mother's Maiden Name, *Mary Pratt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Andrew Jackson*

9. Father's Occupation, *Car maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Emma*

Address, *171 Patterson Park avenue*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

12 October

4. Place of Birth, (Street and Number)

28 Caroline

5. Full Name of Mother,

Emma Jones

6. Mother's Maiden Name,

Seitenfisch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fannie Jones

9. Father's Occupation,

Police

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Sarah Casper

Address,

22 E. Lombard

Remarks,

RETURN OF A BIRTH

74778

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

Oct. 17/84

4. Place of Birth, (Street and Number)

160 S. Washington

5. Full Name of Mother,

Martha Keiley

6. Mother's Maiden Name,

Martha Crawford

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Thomas Keiley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 So. Broadway

Remarks.

TH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex.* (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery; and should no other person be present, the mother shall immediately thereafter, if she then becomes the possessor of the parental or parents of such child, be taken to the Board of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and of children of persons who have heretofore failed to comply with the provisions of this act. The subject of the birth of any child shall be reported to the Board of Health, and the birth of such child shall be entered on a file or card following each other, to be recovered as other fines and penalties are payable.

RETURN OF A BIRTH ⁷⁴⁷⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *October 18 1884*

4. Place of Birth, (Street and Number) *820 Woodward St*

5. Full Name of Mother, *Bell Brown*

6. Mother's Maiden Name, *Bell Jones*

7. Mother's Birthplace, *James Town and*

8. Full Name of Father, *John Brown*

9. Father's Occupation, *Coachman*

10. Father's Birthplace, *Fredrick County*

Name of Medical Attendant, or other Person who makes this Return *Charlotte W. H.*

Address, *250 St. Johns St*

Remarks, *None*

RETURN OF A BIRTH 74781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

male Child

2. Race or Color, (if not of the white race)

Collar Race

3. Date of Birth,

18 Oct - 1854

4. Place of Birth, (Street and Number)

Wester Alley No. 23

5. Full Name of Mother,

Lucretia Green

6. Mother's Maiden Name,

7. Mother's Birthplace,

Langheim County Va

8. Full Name of Father,

William Green

9. Father's Occupation,

Chapman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Lucy Cornish

Address,

15 Green Alley

Remarks,

RETURN OF A BIRTH.

74/82

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

Oct. 18th 1880

4. Place of Birth (Street and Number)

72 Broadway St

5. Full Name of Mother

Annis B. Collins

6. Mother's Maiden Name

7. Mother's Birthplace

Galles Co. W. Va.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

City Physician

Address

28 East St.

Remarks

name of the mother of such child or children.

ORIGINAL NAME ADDED 12-8-55
RETURN OF A BIRTH 74783

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Gertrude Jules

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18 1884

4. Place of Birth, (Street and Number)

270 Lafayette Ave

5. Full Name of Mother,

Lena Jules

6. Mother's Maiden Name,

Newberger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas Jules

9. Father's Occupation,

Merchant

10. Father's Birthplace,

France

Name of Medical Attendant, or other Person who makes this Return

A. Friedman M.D.

Address,

814 Eutaw Street

Remarks,



any person or persons who shall be guilty of any of the above offenses shall be liable to a fine of not less than \$10 nor more than \$50, and may also be imprisoned for not less than 10 days nor more than 30 days, and the costs of the proceedings shall be subject to recovery as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

18th Oct 1884

4. Place of Birth, (Street and Number)

2 Canal st

5. Full Name of Mother,

Mrs Rosalia Clocks

6. Mother's Maiden Name,

Mrs Rosalia Clocks

7. Mother's Birthplace,

Russia Jews

8. Full Name of Father,

Isaac Clocks

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Russia Prussia

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary J. Galt

Address,

No 28. H. E. Galt

Remarks,

M.E.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

C. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 19/84

4. Place of Birth, (Street and Number)

57 Duval St. Ave

5. Full Name of Mother,

Caroline Trinkamp

6. Mother's Maiden Name,

" Frinkaga

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Trinkamp

9. Father's Occupation,

Sugar Dealer.

10. Father's Birthplace,

Germany.

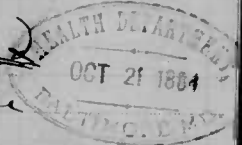
Name of Medical Attendant, or other Person who makes this Return

Dr W. P. Nevojan

Address,

119 W. Monument St.

Remarks,



Be in cases where upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 19, 1884*

4. Place of Birth, (Street and Number) *Castle St. No. 94*

5. Full Name of Mother, *Wing T. Kinnon*

6. Mother's Maiden Name, *Wing T. Slaid*

7. Mother's Birthplace, *Dublin N. Yr. Brit. Europe*

8. Full Name of Father, *Thomas Kinnon*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Glasgow N. Yr. Brit. Europe*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks, _____

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *Oct 19, 1884*

4. Place of Birth, (Street and Number) *153 Biddle st*

5. Full Name of Mother, *Mary J. Latham*

6. Mother's Maiden Name, *Mary J. Kelly*

7. Mother's Birthplace, *Harper Ferry*

8. Full Name of Father, *Is. W. Latham*

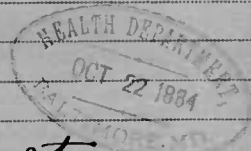
9. Father's Occupation, *Paper business*

10. Father's Birthplace, *Emmittsburg Md.*

Name of Medical Attendant, or other Person who makes this Return, *William Lee M.D.*

Address, *339 N. Eutaw st*

Remarks,



RETURN OF A BIRTH

74789

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 19th 1884*
4. Place of Birth, (Street and Number) *No 93 Fort Ave.*
5. Full Name of Mother, *Lizzie Kuen*
6. Mother's Maiden Name, *Lizzie Feltner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Fred Feltner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Katharine Hornung*
- Address, *No 18 Byrd St*
- Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

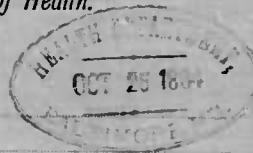
Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

74790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother (state whether 1st, 2d, 3d, &c.)

3-

Other Male or Female)

Male.

(if not of the white race)

White

(Street and Number)

19 ap october

Mother

228 Xagher st

en Name

Kate Fair

place

Kate Lanehart

Father

Bart

tion

Brill George Fair

place

Bart

or other Person who makes this Return.

Sarah Tasker 224 Xagher st

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74791

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 19th 1884

4. Place of Birth (Street and Number)

546 W. Balto St

5. Full Name of Mother

Mary Scott

6. Mother's Maiden Name

Mary Cook

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George Scott

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr Phillips

Address

311 W. Hubbard St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 19th 1884

4. Place of Birth (Street and Number)

471 N. Fremont St

5. Full Name of Mother

Alice Hawkins

6. Mother's Maiden Name

Barnesley

7. Mother's Birthplace

Rockville

Montgomery County

Md

8. Full Name of Father

William B. Hawkins

9. Father's Occupation

Salesman

10. Father's Birthplace

Middle River

Baltimore County

Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rose Bush

Address

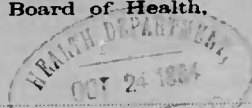
109 N. Stockton St

Remarks

Healthy

RETURN OF A BIRTH 74793

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First
Oct 19 1884 Oct Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 19 1884

4. Place of Birth, (Street and Number)

175 Division

5. Full Name of Mother,

Mary Anna Beauvais

6. Mother's Maiden Name,

Dianer

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Alfred Beauvais

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. Friedewald M.D.

Address,

88 N. Eager St.

Remarks,

Be it attested upon this mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th child
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

October the 20

4. Place of Birth, (Street and Number)

292. S. Bond Street

5. Full Name of Mother,

Elisabeth Dulzer

6. Mother's Maiden Name,

Elisabeth Hill

7. Mother's Birthplace,

in Germania

8. Full Name of Father,

George Dulzer

9. Father's Occupation,

Stevadore

10. Father's Birthplace,

in Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. F. Kaufmann

Address,

No 202. S. Dallas Street

Remarks,

Midwife

be in effect since upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 20, 1884*

4. Place of Birth, (Street and Number) *Leiv St. No 1114*

5. Full Name of Mother, *Johanna Dillmar*

6. Mother's Maiden Name, *Johanna Dillmar*

7. Mother's Birthplace, *Schwarzembach, N. Bayern Germany*

8. Full Name of Father, *Georg Dillmar*

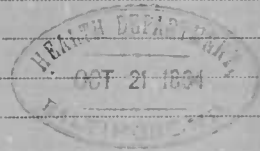
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Schwarzembach, N. Bayern Germany*

Name of Medical Attendant, *or other Person who makes this Return* *Harry E. Haller*

Address, *Dallas St. No 26*

Remarks,



he in attendance upon the mother, immediately after the birth of the child, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable, or should no other person report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

The 2nd Child

Female

White

Dec 20th 1881

No 14 Birch Street

Kate Garner

Kate Humphreys

Baltimore

James Garner

Labour

Baltimore County

Dr. G. L. Jones

No 172 Hampden St

Baltimore Md

1881

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20 1884

4. Place of Birth, (Street and Number) 158 West St

5. Full Name of Mother, Laura J. Gentry

6. Mother's Maiden Name, " " " " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos Gentry

9. Father's Occupation, Pipe-Blower

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wendell Cooke M.D.

Address, 146 Hammond St

Remarks, per 23

he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, or who neglects to file a true and correct copy of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered at other law and forfeitures are renewable.

RETURN OF A BIRTH

74798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 21, 1884*

4. Place of Birth, (Street and Number) *S. Dallas St. No. 115*

5. Full Name of Mother, *Susanna Fischer*

6. Mother's Maiden Name, *Susanna Behr*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *Friedrich Fischer*

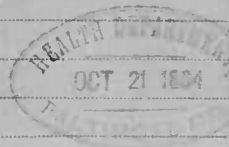
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Salmsdorf in Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Stiller*

Address, *S. Dallas St. No. 115*

Remarks,



RETURN OF A BIRTH 74799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

C. Mother's Maiden Name.

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Co., City, Province, & Nation.

has in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁴⁸⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st; 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 21st 1884
4. Place of Birth, (Street and Number) No 14 Archer Street
5. Full Name of Mother, Mary Carter
6. Mother's Maiden Name, Mary Bayer
7. Mother's Birthplace, Balt city and
8. Full Name of Father, Jacob Carter
9. Father's Occupation, Labourer
10. Father's Birthplace, Balt city and
- Name of Medical Attendant, or other Person who makes this Return. E. Hinton
- Address, No 658 S Charles st
- Remarks, _____

RETURN OF A BIRTH 74801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 21 - 1884*

4. Place of Birth, (Street and Number) *146 Saratoga St*

5. Full Name of Mother, *Lena Harris*

6. Mother's Maiden Name, *Lena Buchner*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Hyman Harris*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return *David V Moyer M.D.*

Address, *172 Aigunth St*

Remarks, *City*

be in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁸⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 21, 1884*

4. Place of Birth, (Street and Number) *S. Register St. No 121*

5. Full Name of Mother, *Amalia Roth*

6. Mother's Maiden Name, *Amalia Hummer*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *Carl Roth*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *New Orleans, U.S.*

Name of Medical Attendant, or other Person who makes this Return, *May E. Miller*

Address, *N. Galloway St. No 26*

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, within the period above required, and to pay the fee of ten dollars, or such other sum as the Board of Health may determine, for the registration of the birth, and if the parent or parents fail to comply with this provision of the law, they shall be liable to a fine of ten dollars, or such other sum as the Board of Health may determine, for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2nd)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 22nd 1894

4. Place of Birth, (Street and Number)

No 115 - E. Madison St

5. Full Name of Mother,

Bridget Ann Higgins

6. Mother's Maiden Name,

Heister

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Martin J. Higgins

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

James O. Whiteford M.D.

Address,

#195 Wisconsin St

Remarks,

Be in a compliance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (\$10) dollars for each child so neglected or refused to be reported, and other laws and regulations are enforceable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 22nd*

4. Place of Birth, (Street and Number) *No. 1200 E. St.*

5. Full Name of Mother, *Frederic F. Fisher*

6. Mother's Maiden Name, *" " Lutz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frederic Fisher*

9. Father's Occupation, *cal. & printer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Johnson*

Address, *No. 71 Granby St.*

Remarks,

74805

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Letter Book

RETURN OF A BIRTH ⁷⁴⁸⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 22nd

4. Place of Birth, (Street and Number) No. 69 Cambridge Street

5. Full Name of Mother, Margaret Carredy

6. Mother's Maiden Name, Margaret Darneny

7. Mother's Birthplace, in Baltimore

8. Full Name of Father, William Carredy

9. Father's Occupation, laborer

10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. F. Kaufmann

Address, No. 202. S. Dallas Street

Remarks, Midwife

Any person who shall neglect or refuse to attend to the duties of this return, or shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to furnish the information required, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 22 October

4. Place of Birth, (Street and Number) 116 High

5. Full Name of Mother,...

Fannie Froh

6. *Mother's Maiden Name,*

Fröhle

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Father not known

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

2. E. Lombard

Remarks,

Birth of any child shall occur without the attendance of a physician, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered. Other aural and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 22. 1880*

4. Place of Birth, (Street and Number) *N. Wolfe St. No. 32*

5. Full Name of Mother, *Lizzie Bush*

6. Mother's Maiden Name, *Lizzie Blongler*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Francis A. Bush*

9. Father's Occupation, *Car man*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *N. Dallas St. No. 26*

Remarks,

Birth of any child shall occur at a certain time and place, and the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in a position to give the name of the child, the date of birth, the place of birth, the race or color, the sex, the name of the mother, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, other fines and forfeitures are recoverable.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

birth of any child shall occur without the attendance of a Physician or person having a license to practice medicine, and the person or persons attending the birth of such child shall be liable to a fine of ten dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required.

RETURN OF A BIRTH ⁷⁴⁸⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 22. 1881

4. Place of Birth, (Street and Number) Kennelton

5. Full Name of Mother, Mary Mullen

6. Mother's Maiden Name, Mary Coffey

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Mullen

9. Father's Occupation, Farmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Wm. C. Linn

Address, 2015 Highland St

Remarks, Baltimore Md

RETURN OF A BIRTH ⁷⁴¹⁸¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{7th}

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 22 1884

4. Place of Birth, (Street and Number)

Byrd near Heath

5. Full Name of Mother,

Annie Taylor

6. Mother's Maiden Name,

Annie Hayden

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Taylor

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

E. Hinton

Address,

No 658 S. Charles St

Remarks,

Birth of any child occurring within the limits of the City of Baltimore, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the person or persons who shall be present at the birth, or by the mother, immediately thereafter. In the manner and within the time prescribed by the Board of Health, and the Registrar of Vital Statistics, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

74811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4/:

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 23. 1884.

4. Place of Birth, (Street and Number) No. 7 Church St.

5. Full Name of Mother, Annie Cigan.

6. Mother's Maiden Name, Bask.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Cigan.

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

Address, 220 Montgomery St.

Remarks,

RETURN OF A BIRTH ⁷⁴⁸¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 23rd

4. Place of Birth, (Street and Number) 274 Eastern Av.

5. Full Name of Mother, Elizabeth Moller

6. Mother's Maiden Name, Elizabeth Wolf

7. Mother's Birthplace, in Baltimore

8. Full Name of Father, George Moller

9. Father's Occupation, Labor

10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. F. Kaufmann

Address, No. 202 S. Dallas Street

Remarks, Midwife

Birth of any child shall occur within the limits of the City of Baltimore, and the mother of such child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of usual custom to report the birth to the Registrar of Vital Statistics, who shall be subject to the fine of ten (\$10) dollars for each offense to be recovered, and other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the regulations of the Board of Health, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Oct. 23 - 84*
4. Place of Birth, (Street and Number) *Maternity Hospital*
5. Full Name of Mother, *Mattie Oliver*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Pa.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).

3. Date of Birth 23 October

4. Place of Birth, (Street and Number) 22 Central Avenue

5. Full Name of Mother, *Mary Curtis*

6. Mother's Maiden Name, Coates

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Curtis

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casher

Address, 22. E. Lombard

Remarks,

letting of any child shall occur without the attendance of a physician or licensed nurse or the duty of the person or persons of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons at such birth to report the birth of the child to the Registrar of Births, in the manner, and to the effect, prescribed in the provisions of the Act relating to the registration of Births, and in this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

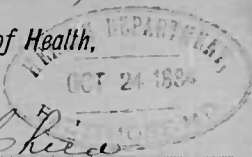
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light brown*
3. Date of Birth, *October 23-84 - 1.40 A.M.*
4. Place of Birth, (Street and Number) *206 Preston St. Baltimore*
5. Full Name of Mother, *Augusta Lee*
6. Mother's Maiden Name, *Augusta Matthews*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *James Lee*
9. Father's Occupation, *Proctor in Chemical Works*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *G. Henry Chabot M.D.*
- Address *155 H. Madison St.*
- Residence

RETURN OF A BIRTH.

74816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 23rd 1884

4. Place of Birth (Street and Number)

281 Battery Ave

5. Full Name of Mother

Genevieve Speake

6. Mother's Maiden Name

Walker

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Geo. W. Speake

9. Father's Occupation

Boiler Maker

Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

O. A. Cooke M.D.

Address

710 Fort Ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- 74817
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 23rd '04*
4. Place of Birth (Street and Number) *S. E. cor. North & Pleasant*
5. Full Name of Mother *Eliza Kabanoff*
6. Mother's Maiden Name *Eliza Kabanoff*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Is. Kabanoff*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *John F. Monahan M.D.*
- Address *S. W. Corner of North & Pleasant*
- Remarks

RETURN OF A BIRTH

74818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Oct 24 / 884. 11.45 Am.

4. Place of Birth, (Street and Number)

248 East Sefer St.

5. Full Name of Mother,

Elizabeth Willmeyer

6. Mother's Maiden Name,

Hranie

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Willmeyer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. H. Protheroe M.D.

Address,

88 E Balt St.

Remarks,

RETURN OF A BIRTH 74819

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 24. 1884

4. Place of Birth, (Street and Number)

29 Bradford St.

5. Full Name of Mother,

Annie Lysie Knight

6. Mother's Maiden Name,

Annie Schindler

7. Mother's Birthplace,

Colicott's Mills, Howard Co. Md.

8. Full Name of Father,

John Foster Knight

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Hanford, Co. Md.

Name of Medical Attendant, or other Person who makes this Return

G. H. Buckner, M.D.

Address,

342 E. Baltimore St.

Remarks,

Brick Manufacturer

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *6th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *10.24.84*

4. Place of Birth, (Street and Number) *42 N. Fremont St*

5. Full Name of Mother, *Jennie L. E. Hewitt*

6. Mother's Maiden Name, *McWaine*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Wm. C. Hewitt*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return *Reverend W. Cashman*

Address, *349 Lech*

Remarks,

Birth of any child must be reported to the Registrar of Vital Statistics, Baltimore City, within thirty days of the birth, and the mother, or other person who makes this return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

74821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 25th

4. Place of Birth, (Street and Number)

216 George St.

5. Full Name of Mother,

Anna Hooper Craig

6. Mother's Maiden Name,

Anna Hooper

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Dan Craig

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. J. J. G. G.

Address,

216 Cathedral St.

Remarks,

should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the case of illegitimate children, and within the period above specified, to the nearest health officer, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 14th 1894

4. Place of Birth, (Street and Number)

33 Lenox Hill Avenue

5. Full Name of Mother,

Sarah Mundy

6. Mother's Maiden Name,

Sarah Mundy

7. Mother's Birthplace,

Richmond, Va.

8. Full Name of Father,

Wm Joseph Mundy

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

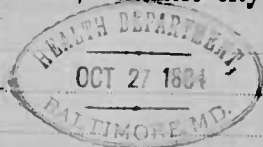
Name of Medical Attendant, or other Person who makes this Return

Hester Tolance

Address,

39 Little Monument St

Remarks,



RETURN OF A BIRTH

71823

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18th 1880

4. Place of Birth, (Street and Number)

686 Pennsylvania Ave

5. Full Name of Mother,

Eliza Aylsworth

6. Mother's Maiden Name,

Becker

7. Mother's Birthplace,

Gen. Reno

8. Full Name of Father,

Dr. Robert T.

9. Father's Occupation,

Barber

10. Father's Birthplace,

Canada

Name of Medical Attendant,

or other Person who makes this Return

Geo. E. Satterly

Address,

407 South St.

Remarks,

its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall
hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be
recovered in other times and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 12th 1884

4. Place of Birth, (Street and Number)

170 S. Howard St

5. Full Name of Mother,

Camelia Moore

6. Mother's Maiden Name,

Camelia Piggan

7. Mother's Birthplace,

Wilmington North Carolina

8. Full Name of Father,

John Moore

9. Father's Occupation,

Steward

10. Father's Birthplace,

Wilmington North Carolina

Name of Medical Attendant, or other Person who makes this Return,

Schollis Williams

Address,

170 S. Howard St

Remarks,

five dollars



should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child, to have the child registered, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of stillborn children, and in the case of children born to a wife of an illegitimate child, who shall hereafter fail to comply with the provisions of this section, and subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 21st 1884*

4. Place of Birth, (Street and Number) *2 Little Pine*

5. Full Name of Mother, *Bessie Finemen*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Sulphur, Va*

8. Full Name of Father, *Harry Amien*

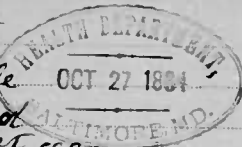
9. Father's Occupation, _____

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return *Hester Motance*

Address, *38 Little Monument st*

Remarks, _____



RETURN OF A BIRTH

74826

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race).

W

3. Date of Birth,

Oct 21st

4. Place of Birth, (Street and Number)

203 Prestman st

5. Full Name of Mother,

Emma Rogers

6. Mother's Maiden Name,

~~Fredrick~~

7. Mother's Birthplace,

Fredrick

8. Full Name of Father,

Albert H. Rogers

9. Father's Occupation,

Stair builder

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who
makes this Return

Dr R. Winslow

Address,

201 W. Biddle St

Remarks,



RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
 _____ male or female) _____ 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Survey & City Planners and Stationers.

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or nurse, or other person, shall be to attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, or imprisonment for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Female 6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

22 October 1884

4. Place of Birth, (Street and Number)

55 Highlandtown

5. Full Name of Mother,

Mumsey Myers.

6. Mother's Maiden Name,

Mumsey Shreader

7. Mother's Birthplace,

Germersmy.

8. Full Name of Father,

Charles Myers.

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germersmy

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Tracy

Address,

193 South Chester st.

Remarks,

Health of child.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74829

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 22nd 1884

No 242 N Caroline St

Eliza Dressel,

" Köfener,

" Baltimore,

Henry Dressel,

Ship Reefer,

Baltimore,

J Ridgway Andre' M.D.

No 121 E Balto St

In case the physician or practitioner of midwifery, or should be other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 29th

4. Place of Birth, (Street and Number)

No. 139 Saratoga St.

5. Full Name of Mother,

Mrs. George Linn

6. Mother's Maiden Name,

Maing

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Geo. Francis Linn

9. Father's Occupation,

Pro. of Green Stable

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. Maennel Midwife

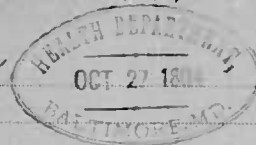
Address,

228 Saratoga Str.

Remarks,

RETURN OF A BIRTH 74831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd Oct 1894*

4. Place of Birth, (Street and Number) *27 S. Fulton St*

5. Full Name of Mother, *Mary Mansell*

6. Mother's Maiden Name, *Mary*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James M. Mansell*

9. Father's Occupation, *Book Bk*

10. Father's Birthplace, *Calvert Co Md*

Name of Medical Attendant, or other Person who makes this Return *Wm Jackson Evans M.D.*

Address, *240 N. Carey St*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the birth shall be reported to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth

10 - 24 - 84

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Sarah E. Neal

6. Mother's Maiden Name,

"

"

7. Mother's Birthplace,

Med.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

F. R. Nordmann

Address,

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74833

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 24th
No 242 Lexington St
Josephine M Warner,
" " Baltimore,
Georgetown, D. C.,
William C Warner,
Teacher,
Baltimore
J. Ridgway Anderson
10121 E. Baco St

to be in accordance with the mother, immediately thereafter it shall become the duty of the person or persons or other child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons or other child, who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of October
4. Place of Birth, (Street and Number) No. 101 West 7
5. Full Name of Mother, Leticia Miller
6. Mother's Maiden Name, Leticia Pope
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank R. Pope
9. Father's Occupation, Teacher
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

October 6th 1884

OCT 27 1884

BALTIMORE, MD.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 25th 1884*

4. Place of Birth, (Street and Number) *428 Canton Ave*

5. Full Name of Mother *Lizzie Stansbury*

6. Mother's Maiden Name *Lizzie Ebert*

7. Mother's Birthplace *America*

8. Full Name of Father *Edward Stansbury*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Arnold

Address *No. 137 D. Wolfe St.*

Remarks,

74836

should no officer or person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered on other fines and penalties recoverable.

2. 2. 2.

Amal

RECEIVED
OCT 27 1880
U.S. DEPT. OF AGRICULTURE

Oct 25th 1854

6. Mount St. Agnes

Larnia Hutchins

Lennie M. Nelson
 50' 1 2

Received of the
Sum of \$100.00

Builder

Barto

2. 6. 51

2. *Sp. an. l.*

C. Mount St. No. 279

be its attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to register the birth of such child, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

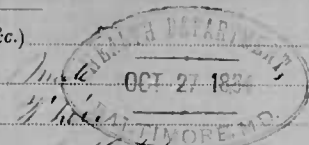
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Male
White
23rd October 1884
151 23rd William St
Rachel Becha
Rachel Becha
Baltimore
Joseph Becha
Tobacco
Baltimore
Mollie J. Becha
151 23rd William St

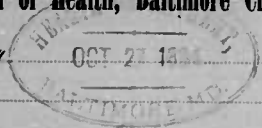
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
return this certificate to the Registrar of Health, in the manner and within the period above required, and any such person
or persons who shall neglect or refuse to do so, shall be subject to the fine of ten (10) dollars
for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th October 1890

4. Place of Birth, (Street and Number)

No 32 Calverlyth Lane

5. Full Name of Mother,

Mary Palmer

6. Mother's Maiden Name,

Mary Conning

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Palmer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John C. Conning

Address,

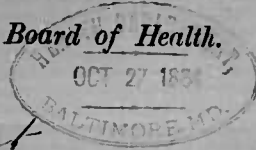
No 150 West

Remarks,

RETURN OF A BIRTH, 74829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 26 1884

4. Place of Birth, (Street and Number)

22 New Church St

5. Full Name of Mother

Ellen Rockel

6. Mother's Maiden Name

Ellen Andrews

7. Mother's Birthplace

York Pa

8. Full Name of Father

Henry Rockel Jr

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

James A. Lochter
152 Saratoga St

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH⁷⁴⁸⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

and, in case upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to provide for the support and maintenance of such child, from the date of its birth to the date of its emancipation, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to a fine of ten dollars for each offence to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 1-28-53

74841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Ratie M. Namee*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 of October 1884*

4. Place of Birth, (Street and Number) *1137 Morse St*

5. Full Name of Mother, *Anna M. Namee*

6. Mother's Maiden Name, *Anna Gallagher*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Wick M. Namee*

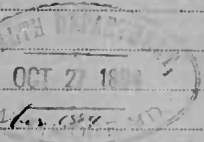
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sabina G. G. G.*

Address, *The date of Birth on this record is Oct. 23, 1884.*

Remarks, *The ink has faded and it will probably not show clearly on the Photostat.*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 2 84

4. Place of Birth, (Street and Number)

243 Farnet St.

5. Full Name of Mother.

Susanna Riddle

6. Mother's Maiden Name.

Duffy

7. Mother's Birthplace.

Balt Co.

8. Full Name of Father.

J. F. Wake.

9. Father's Occupation.

Carpenter

10. Father's Birthplace.

City Balt.

Name of Medical Attendant,

or other Person who
makes this Return

J. H. Robinson

Address,

254 Greenmount Ave.

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

O'Brien

Father

Peter O'Brien

Mother

Sennie O'Brien ^{nee} Corrigan

Occupation of Father = Stone Mason

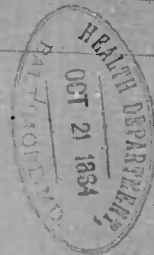
The child is the eighth (8th) born.

Midwife

Nurse

Mrs Annie M. Crawford

Residence 566 Bequith St



ed in violation upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to
or persons who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered, and other place and forfeitures are recoverable.

RETURN OF A BIRTH ^{7484 3}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

74844

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 8, 1884

4. Place of Birth, (Street and Number)

Chase and Greenut Ave

5. Full Name of Mother,

Frances Bond

6. Mother's Maiden Name,

" Pryor

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

G. W. Bond

9. Father's Occupation,

Driver on RR

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson

Address,

55 1/2 Greenut Ave

Remarks,

RETURN OF A BIRTH 74845

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 15 1884

4. Place of Birth, (Street and Number)

129 Valley St.

5. Full Name of Mother,

Hannah Mallin

6. Mother's Maiden Name,

Hannah Hardcastle

7. Mother's Birthplace,

Penn a.

8. Full Name of Father,

Sam. Mallin

9. Father's Occupation,

Tram Master

10. Father's Birthplace,

Penn a.

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson

Address,

25th Street, N. W.

Remarks,

RETURN OF A BIRTH, 74846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

Sep 1784

4. Place of Birth, (Street and Number)

No 649 Light St
Caroline P. House

5. Full Name of Mother

" " 96 Light

6. Mother's Maiden Name

Balto Md

7. Mother's Birthplace

John W. House

8. Full Name of Father

labor man

9. Father's Occupation

Balto Md

10. Father's Birthplace

Annul Grims

Name of Medical Attendant, or other Person who makes this Return.

Address

No 634 Light St

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH 74847

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3-14-

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September, 23-1884

4. Place of Birth, (Street and Number) N. Chesler St.

5. Full Name of Mother Elizabeth - C - Norris

6. Mother's Maiden Name, " " Stevens

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Francis Norris

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Geo. F. Taylor, M. D.

Address, 234 N. Broadway

Remarks,

RETURN OF A BIRTH 74848

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 23, 54

4. Place of Birth, (Street and Number)

15 Mcighbor St.

5. Full Name of Mother,

Terese Mallon

6. Mother's Maiden Name,

Clarkey

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

J. Mallon

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Ind.

Name of Medical Attendant,

or other Person who makes this Return

J. H. Robinson

Address,

35 E. Pratt Ave.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 4th 84.

4. Place of Birth, (Street and Number)

289 W. Hoffman St.

5. Full Name of Mother,

Marie Virginia Lucas

6. Mother's Maiden Name,

Marie Virginia Goodell

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frederick H. Lucas

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

B. S. Roseberry M.D.

Address,

Cor. Linden Ave & Hoffman St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)...4

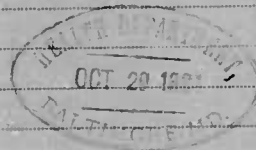
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *17 Oct 1884*
4. Place of Birth, (Street and Number) *Ann St 213*
5. Full Name of Mother, *Sarah R Pike*
6. Mother's Maiden Name, *Sarah R German*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James T Pike*
9. Father's Occupation, *Stevard*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address *No 12 Patterson Park av*

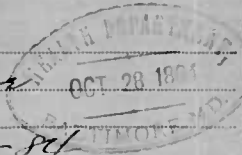
Remarks,



RETURN OF A BIRTH 74851

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1st
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *October 1st - 1891*
 4. Place of Birth, (Street and Number) *No 8 - Allumards St.*
 5. Full Name of Mother, *Mary H Hamill*
 6. Mother's Maiden Name, *Mary H Henry*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Peter F Hamill*
 9. Father's Occupation, *Mechanic*
 10. Father's Birthplace, *Maryland*
 Name of Medical Attendant, or other Person who makes this Return *J. M. Moyer M.D.*
 Address *1.5, E. 1st St.*
 Remarks,



RETURN OF A BIRTH 74852

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sat. Oct. 17th 1884

4. Place of Birth, (Street and Number) 78 N. Stricker Street

5. Full Name of Mother, Mary E. Arthur

6. Mother's Maiden Name, Price

7. Mother's Birthplace, Ellicott City, Howard Co.

8. Full Name of Father, George Henry Arthur

9. Father's Occupation, Blacksmith

10. ☒ Father's Birthplace, Jarrettville, Harford Co.

Name of Medical Attendant, (or other Person who makes this Return) Emily Holmes

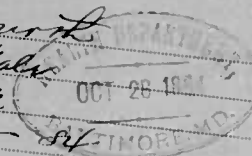
Address, 64 N. Stricker St.

Remarks,

RETURN OF A BIRTH 7488 13

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Oct. 19 - 1921*
 4. Place of Birth, (Street and Number) *U. H. Co. Lombard & Edgar*
 5. Full Name of Mother, *Caroline Boyd*
 6. Mother's Maiden Name, *Caroline Wagner*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Chas. Boyd*
 9. Father's Occupation, *Beer Bottling*
 10. Father's Birthplace, *Maryland*
 Name of Medical Attendant, or other Person who makes this Return *J. L. Meyer M.D.*
 Address *115. Edgar St.*
 Remarks



Birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or within the attendance of a person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Registrar of Vital Statistics, and to furnish him with a true and correct copy of the certificate of birth, and to report the birth of each child, within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

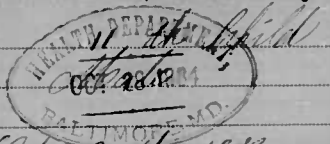
111

RETURN OF A BIRTH

74854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 19 th 1887

4. Place of Birth, (Street and Number)

No. 339 Hamburg st

5. Full Name of Mother,

Mary Schmitt

6. Mother's Maiden Name,

Harwood

7. Mother's Birthplace,

America

8. Full Name of Father,

August Schmitt

9. Father's Occupation,

Conductor

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return,

J. Schwasser midwife

Address,

330 Hanover st

Remarks,

Any person who shall neglect or refuse to comply with the provisions of this act, or who shall be guilty of any violation of the provisions of this act, shall be liable to a fine of not more than ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH ⁷⁴⁸⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

Female

OCT 29 1894

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 25th 1894

4. Place of Birth, (Street and Number)

13 Vineyard St

5. Full Name of Mother,

Annie Graham

6. Mother's Maiden Name,

Annie Lavy

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Chas Graham

9. Father's Occupation,

Printer

10. Father's Birthplace,

Frederick Md

Name of Medical Attendant, or other Person who makes this Return.

Jane Woodland

Address,

(Midwife) 16 Bruce St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

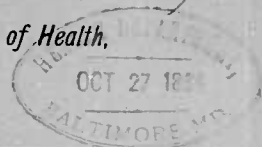
Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or of a nurse, or of a duly qualified person, it shall then become the duty of the mother to cause the child to be taken to the nearest hospital, or to the nearest place where a physician or a practitioner of midwifery, or a nurse, or a duly qualified person, is present, and to cause the child to be attended by such physician, or practitioner of midwifery, or nurse, or duly qualified person, within the period above required, except in the case of the births and deaths of illegitimate children, and in the case of persons who have heretofore failed to comply with the provisions of this section shall be subject to a fine of not less than five dollars and not more than ten dollars for each offense, to be recovered as other fines and penalties are recovered.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female,

2. Race or Color (if not of the white race)

3. Date of Birth

October 21st 1884 2.35 pm

4. Place of Birth (Street and Number)

94 W. Biddle

5. Full Name of Mother

Anna B. Wysoham

6. Mother's Maiden Name

"Biddle" Moore

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. E. Wysoham

9. Father's Occupation

Businessman

10. Father's Birthplace

Pa. Aclema Co.

Name of Medical Attendant, or other Person who makes this Return.

N. G. Keile M.D.

Address

248 N. Carey St.

Remarks

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with this provision, shall be subject to the fine of ten (10) dollars for each offense to be recovered by other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 3d
1. Sex, (state whether male or female)..... female
2. Race or Color, (if not of the white race)..... white
3. Date of Birth..... October 21 1895
4. Place of Birth, (Street and Number)..... Baltimore Sandhill Street 249
5. Full Name of Mother,..... Mary Roeder
6. Mother's Maiden Name,..... Elaine
7. Mother's Birthplace,..... Sandyhook Md
8. Full Name of Father,..... Albert Roeder
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Harpers Ferry W
- Name of Medical Attendant, or other Person who makes this Return..... Elizabeth Glatton
- Address,..... William St at 249
- Remarks,.....

Special and other persons for an offence upon the mother, immediately thereafter, if such then become the duty of the parent or parent or such child to report its birth to the Board of Health in the manner and form provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

74859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Color

October 22 1884

No 188 Hugo Street

Mrs. Vates

Mrs. Guter

Balt City

Benjamin Guter

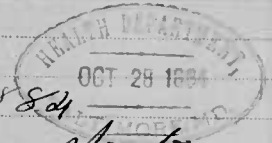
Oyster Specimen

Balt City

Midwife

Mary Chase

No 11 Grindall Court



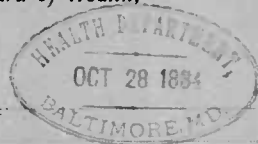
born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

74860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *October 22nd 1884 - 4¹/₂ o'clock A.M.*

4. Place of Birth (Street and Number) *# 169 Bank St.*

5. Full Name of Mother *Ella R. Foard*

6. Mother's Maiden Name *Todd*

7. Mother's Birthplace *Baltimore City M-d*

8. Full Name of Father *Andrew J. Foard*

9. Father's Occupation *Physician*

10. Father's Birthplace *Worfolk County M-d*

Name of Medical Attendant, or other Person who makes this Return. *A. J. Foard M.D.*

Address *# 169 Bank St.*

Remarks

should an other person be, in attendance upon the mother, immediately after the birth, it shall then become the duty of the parent or parents of such child, to cause the same to be registered, and to cause the same to be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

Oct. 22

4. Place of Birth, (Street and Number)

3 Church

5. Full Name of Mother,

Rachael Young Bell

6. Mother's Maiden Name,

" Young

7. Mother's Birthplace,

B City

8. Full Name of Father,

George Bell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

B City

Name of Medical Attendant, or other Person who makes this Return

Mary Smith

Address,

1 Harbors St

Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period prescribed and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

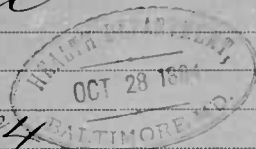
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

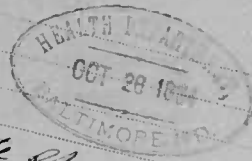
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct. 23. 1884*
4. Place of Birth, (Street and Number) *256 E. Fayette St.*
5. Full Name of Mother, *Elizabeth Sullivan*
6. Mother's Maiden Name, *" O'ne*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *George Wm Sullivan*
9. Father's Occupation, *Balt. W.C.*
10. Father's Birthplace, *C. Glenville Kent Md.*
- Name of Medical Attendant, *397 E. Balt. St.*
- Address, *Instrumental Delivery*
- Remarks,



and if any other person is in attendance when the mother is delivered, it shall be the duty of such person to make a true and correct statement of the facts of the birth, and to sign the same, and to deliver the same to the Registrar of Vital Statistics, within the period herein required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

female

white

Oct. 23^d 1884

24 Patterson Ave.

Agnes Forrester

Tuckey

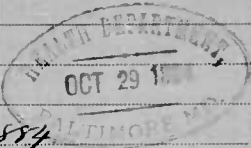
Balto. City

J. I. Randolph Forrester

Builder

Balto. City

J. H. Green, M. D.



be in compliance with the provisions of the act, immediately thereafter it shall become the duty of the person or persons of such child, to report to birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 23rd 1884

4. Place of Birth, (Street and Number)

518 Canton ave

5. Full Name of Mother,

Anna Husted

6. Mother's Maiden Name,

Harriet

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Husted

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

No 12 Patterson Park av

Remarks,

Let the attendance upon the mother, immediately thereafter, a small amount for the day of the person or persons attending such duties, be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

OCT 28 1894

White

October

1894

Baltimore Dundas St. No. 25

Mary McGeer

Lroh

Fredrick

Fredrick McGeer

Laburne

Germany

Elisabeth Rathen

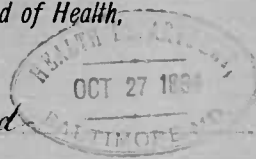
William H. No. 2044

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

74867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 24th 1884*
4. Place of Birth (Street and Number) *91 Hanover str.*
5. Full Name of Mother *Marie Therese Johnson*
6. Mother's Maiden Name *Therese Baumann*
7. Mother's Birthplace *Germany [Crefeld]*
8. Full Name of Father *George Johnson*
9. Father's Occupation *Flour business*
10. Father's Birthplace *Scotland (Dundee)*
Name of Medical Attendant, or other Person who makes this Return. *J. A. Boehm, M.D.*
Address *119 Hanover Str. Baltimore, Md.*
Remarks, *strong healthy boy of ten pounds weight.*

See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, in every case in which the child is born, to cause the birth of such child to be registered in the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the provisions of this section, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 October 1924

4. Place of Birth, (Street and Number) Cotton - 2nd 324

5. Full Name of Mother, Kathi Miller

6. Mother's Maiden Name, Graveling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Franz Miller

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. M. M. M. M.

Address,

Remarks, Lombard St. 1127

See the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

74869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd birth*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *4 October*
4. Place of Birth, (Street and Number) *Leonard St. No. 318*
5. Full Name of Mother, *Julia Franklin*
6. Mother's Maiden Name, *" " Engelhart*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Simon Franklin*
9. Father's Occupation, _____
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. J. J. J. J.*
- Address, _____
- Remarks, *Leonard St. No. 248*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance to report its birth to the Commissioner of Health, in the manner and within the period when required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct 5 to 11

4. Place of Birth, (Street and Number) 57 Quinn St. Baltimore

5. Full Name of Mother, Matilda Leigler

6. Mother's Maiden Name, Matilda Leigler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Leigler

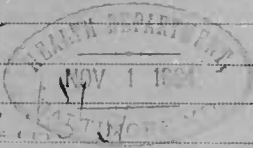
9. Father's Occupation, Miner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C. M. Leigler

Address, 364 Pennsylvania Ave.

Remarks, _____



RETURN OF A BIRTH

74871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

October 3^d 1884

No. 95 Mallory St

Mary. Gluckstein

Volmayer

Poland. Ohio

John. Gluckstein

Schoemaker.

Baltimore

Anne Lyncher.

No. 15 S. Thomas St

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

in attendance upon the mother, child, or family, or to register it, or to become the father of the child, or to be present at the birth, or to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 7/18/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 9th 1884

4. Place of Birth, (Street and Number)

53 Burke St

5. Full Name of Mother,

Mrs. Eda Simmons

6. Mother's Maiden Name,

Eda Barnes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Simmons

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. A. Garrett

Address,

No 65 Burke St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to
or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

OTHER NAME ADDED 6-24-15
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Josephine Coleman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

HEALTH DEPARTMENT
2nd FLOOR
NOV 2 1884
Female
White
ORE MD

Oct 9th 1884

#29 Hillen St

Mary Coleman

" Raftery

Ireland

Thomas Coleman

Restaurant

Ireland

Mrs Anna Allequist

1826 Monument St

RETURN OF A BIRTH ⁷⁴⁸⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 birth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

NOV 2 18

3. Date of Birth,

9 Oct 1880

4. Place of Birth, (Street and Number)

Lombard St. No 321

5. Full Name of Mother,

Anna Lela Reiser

6. Mother's Maiden Name,

Reiser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Karl Reiser

9. Father's Occupation,

Theater

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Bauer

Address,

Remarks,

Lombard St. No 228

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 10th 1884

4. Place of Birth, (Street and Number)

No. 2, Broese St.

5. Full Name of Mother,

Barbara Seibert.

6. Mother's Maiden Name,

Baumer

7. Mother's Birthplace,

Bayern

8. Full Name of Father,

Michael Seibert.

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Bayern

Name of Medical Attendant, or other Person who makes this Return

Anne Lindner

Address,

No. 454 Mount St.

Remarks...

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-7-1948

RETURN OF A BIRTH

74877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Sophia Henrietta Miller*

NOV 2 189

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Be it Remembered, upon the making hereof, immediately thereafter, it shall be the duty of the person or persons of such child, to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 13th / 1894

4. Place of Birth, (Street and Number) 349 Franklin St.

5. Full Name of Mother, Virginia White

6. Mother's Maiden Name, Virginia Walden

7. Mother's Birthplace, East Prussia

8. Full Name of Father, Robert White

9. Father's Occupation, Farmer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. C. H. Hargrave

Address, 261 Penn. Ave.

Remarks, _____

be in a distance upon the mother, immediately thereafter it shall become the duty of the person or persons, or any such person or persons, who shall have caused the birth of the child, to file this return with the Registrar of Vital Statistics, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁸⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

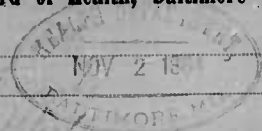
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 14 '84*

4. Place of Birth, (Street and Number) *204 Lexington St.*

5. Full Name of Mother, *Anne Kautman*

6. Mother's Maiden Name, *Ann Graves*

7. Mother's Birthplace, *Ill.*

8. Full Name of Father, *August Kautman*

9. Father's Occupation, *Saloon Keeper*

10. Father's Birthplace, *Ill.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. Miller, M.D.
188 Franklin St.

Should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and to the person or persons designated by the Board of Health, and in the event of failure to do so, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to return its birth to the Board of Health, in the manner and within the period above required, except in the case of stillbirth, in which case the physician or midwife attending the mother shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October the 14 1884

4. Place of Birth, (Street and Number)

Parish St No 21

5. Full Name of Mother,

Alice E Church

6. Mother's Maiden Name,

How E Ward

7. Mother's Birthplace,

Barkley CO V A

8. Full Name of Father,

William Church

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Barkley CO V A

Name of Medical Attendant,

or other Person who makes this Return

Mrs S Kelly

Address,

No 797 Pratt St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁸⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *15th October 1884*

4. Place of Birth, (Street and Number) *58 1/2 York St*

5. Full Name of Mother, *Mary Mc Cormick*

6. Mother's Maiden Name, *Brandy*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael Mc Cormick*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *H. M. Webster, M.D.*

Address, *57 Barrist*

Remarks,

Persons who fail to report the birth of a child, or the death of a person, or the marriage of a person, or the adoption of a child, or the change of name of a person, or the change of residence of a person, or the change of occupation of a person, or the change of marital status of a person, or the change of sex of a person, or the change of race or color of a person, or the change of date of birth of a person, or the change of place of birth of a person, or the change of full name of a person, or the change of mother's maiden name of a person, or the change of mother's birthplace of a person, or the change of full name of a father of a person, or the change of father's occupation of a person, or the change of father's birthplace of a person, or the change of name of medical attendant of a person, or the change of address of a person, or the change of remarks of a person, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

74883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Birth*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *16 October*
4. Place of Birth, (Street and Number) *Duham St. No. 45*
5. Full Name of Mother, *Mari King*
6. Mother's Maiden Name, *King*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Philip King*
9. Father's Occupation,
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mauser*
Address,
Remarks, *Lombard St. No 928*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *17 October*

4. Place of Birth, (Street and Number) *Moderate Court No 1*

5. Full Name of Mother, *Mari Drefs*

6. Mother's Maiden Name, *Zimmermann*

7. Mother's Birthplace, *Dochterling - Mittenberg - Germany*

8. Full Name of Father, *Jacob Drefs*

9. Father's Occupation, *Unterbrücken - Mittenberg - Germany*

10. Father's Birthplace, *Unterbrücken - Mittenberg - Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mr. Brauer*

Address, *Long Street No 278*

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
oversee in such manner as to cause the child to be born, in the manner and within the period above required, and any such person
overseeing the birth of a child, who shall be negligent or derelict in the performance of his duty, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

74856

except no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the city, town or village within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

NOV

9

100



PRINTED AND STATIONED

RETURN OF A BIRTH 74887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth.

October 17th 1884

4. Place of Birth, (Street and Number)

No. 915 W. Pratt St

5. Full Name of Mother,

Rebecca Schultzy

6. Mother's Maiden Name,

Ginsler

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Anton Schultzy.

9. Father's Occupation,

Ice Dealer.

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anna Longman

Address,

No. 45 S. Monroe St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁸⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race)

3. Date of Birth, ^{19th Oct 1884}

4. Place of Birth, (Street and Number) ^{186 W. Madison St.}

5. Full Name of Mother, ^{Margaret Russell}

6. Mother's Maiden Name, ^{The Neal}

7. Mother's Birthplace, ^{Balt.}

8. Full Name of Father, ^{John Russell}

9. Father's Occupation, ^{Ship Carpenter}

10. Father's Birthplace, ^{Balt.}

Name of Medical Attendant, or other Person who makes this Return, ^{J. W. Webster, Jr.}

Address, ^{57 Banne}

Remarks,

CERTIFICATE CORRECTED *6-8-50*
RETURN OF A BIRTH *74889*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Laure M. Pittz

3. Date of Birth,

Oct 2d 1884

4. Place of Birth, (Street and Number)

No. 56 Patterson Park Ave

5. Full Name of Mother,

Emma Pitts Pittz

6. Mother's Maiden Name,

" Meister

7. Mother's Birthplace,

City

8. Full Name of Father,

Fredrick Pitts Pittz

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return,

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, in report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recorded as other data and furnishings are recoverable.

RETURN OF A BIRTH.

74891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

1884 October 4th

4. Place of Birth (Street and Number)

108 Hanover st

5. Full Name of Mother

Carrie Gillingham

6. Mother's Maiden Name

Weeks

7. Mother's Birthplace

Maryland

8. Full Name of Father

Wm. Gillingham

9. Father's Occupation

Mar

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. A. Gerni

Address

162 Hanover st

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH ⁷⁴⁸⁹²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 5th 1884

4. Place of Birth, (Street and Number) 47 China

5. Full Name of Mother, Charlotte Brown

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Kent Island

8. Full Name of Father, Solomon Brown

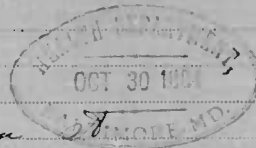
9. Father's Occupation, Seaman

10. Father's Birthplace, Kent Island

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Sarah Ann Brown

292 E. Center St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. *Date of Birth.* October 3

4. *Place of Birth, (Street and Number)* Baltimore, 1605 St. N. S. 19

5. Full Name of Mother, Mamma Zacher

6. Mother's Maiden Name, Marianne Irving

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Frank Barker

9. *Father's Occupation,*.....

10. *Father's Birthplace,* Ballinacorney, Co. Wick.

Name of Medical Attendant, or other Person who makes this Return *Miss M. Shaffer*

Address, 114. Bridge, N.

Remarks,

should no other person be at bedside upon the mother, immediately thereafter, it shall then become the duty of the person so required to remain with the mother until the child is born, and the mother is delivered, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, 8 Oct 1884

4. Place of Birth, (Street and Number) 301 Lombard St East

5. Full Name of Mother, Latona Hamilton

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, England

8. Full Name of Father, Joseph Hamilton

9. Father's Occupation, Stonemason

10. Father's Birthplace, Usa

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Mary P Fleming M.D.
167 Madison Ave

Remarks, ...



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

74196

[illegible]

1907 OCT 31 12

Xanthoxylum

October 16, 1854

Baltimore Md. Dec. 13th 1846. Dear

Annie Small

Annie Wheeler

Baltimore Md. I

Cornist Small

Lafer, Geo. Walter

Germany

H. M. Sheffer

114-114-1901, etc

373 hamber St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 11th 1884*

4. Place of Birth, (Street and Number) *No 5 Essex St*

5. Full Name of Mother, *Mary Neukens*

6. Mother's Maiden Name, *J. Neukmeyer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Leinhard Neukens*

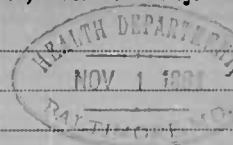
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betz*

Address, *120 Bank St*

Remarks,



any person who shall secure a return of a birth or death, or who shall cause a return of a birth or death to be made, and who shall be found guilty of a violation of the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense in his recovery.

74898

HEALTH, BALTIMORE
NOV 1 1884
BALTIMORE

4.

Franklin

Wm. L.

October the 11. 1884

Fulton at No 282

Henry Eschscholtz

Handwritten: *Handwritten text, possibly a signature or name, appearing as "Handwritten" or similar.*

Baltimore

Walden
Bengawan, chiefly

Blackburn, Va.

Blackburn
Baltimore

Baltimore
Mrs. J. E. Ellis

No 797 Postsk

1910

LIFE, PLANT, AND ANIMALITY

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth of the child to the Commissioner of Health in the manner and within the period provided in this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

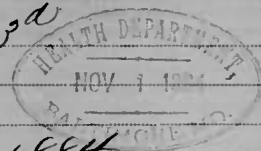
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

Oct. 12th 1884

No 196 S Bethel str

Magdalena Leutz

Regner

City

Henry J Leutz

Laborer

Germany

Mrs Elizabeth Belz

120 Bank str

For an attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

74900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Oct. 16th 1884

4. Place of Birth, (Street and Number) 266 Alice Anna str

5. Full Name of Mother, Florence Storch

6. Mother's Maiden Name, Allen

7. Mother's Birthplace, _____ City City

8. Full Name of Father, Fred W. Storch

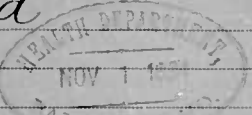
9. Father's Occupation, Plumber

10. Father's Birthplace, _____ City City

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 120 Bank St

Remarks, _____



In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period prescribed, and such person or persons shall be subject to the fine of ten (10) dollars for each offence to be recovered, and other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 14th 1884

4. Place of Birth, (Street and Number)

404 East Pratt St

5. Full Name of Mother,

Elizabeth Brown

6. Mother's Maiden Name,

Elizabeth Bullock

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Chas Brown

9. Father's Occupation,

Black

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. B. B. B. B. B.

Address,

Broadway 100 N. E.

Remarks,

in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7/1/902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 15th 1884

4. Place of Birth, (Street and Number)

Corner Cambridge & Burke

5. Full Name of Mother,

Margaret Preston

6. Mother's Maiden Name,

Margaret Harman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver Preston

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Boston Massachusetts

Name of Medical Attendant, or other Person who makes this Return,

Mrs R. A. Garrett

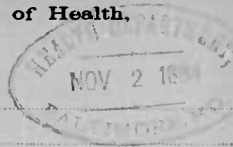
Address,

N 65 Burke St

Remarks,

RETURN OF A BIRTH 74903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 15, 1894

4. Place of Birth, (Street and Number)

No. 71 Penn. av.

5. Full Name of Mother,

Mary. Stumm

6. Mother's Maiden Name,

in Henschel

7. Mother's Birthplace,

Hanover, Prussia.

8. Full Name of Father,

Hubert Stumm

9. Father's Occupation,

Cigar Maker.

10. Father's Birthplace,

Rhin. Prussia

Name of Medical Attendant, or other Person who makes this Return

Anna Lindner

Address,

No. 45 S. Thomas St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 15th

4. Place of Birth, (Street and Number)

Pennae - W. No. 71.

5. Full Name of Mother,

Mary Georgia Sturm

6. Mother's Maiden Name,

" " Henschel

7. Mother's Birthplace,

Hannover Prussia

8. Full Name of Father,

Hilbert Sturm

9. Father's Occupation,

Cigar Manufacturer 11 Pennae St.

10. Father's Birthplace,

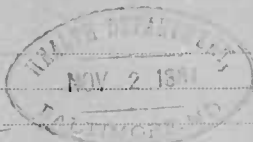
Rhine Prussia

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,



in its attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of persons who shall have charge of the child, to report its birth to the Commissioner of Health, in the manner and form provided in this section, and shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

October 17th 1884

5th Irving Place

Catherine Callis

Catherine Wells

Ind

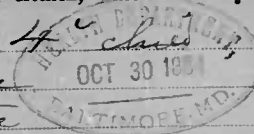
James Callis Jr.

Builder

Ind

Dr. C. Benzinger

Broadway & Park Sts



RETURN OF A BIRTH ⁷⁴⁹⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *White*

2. Race or Color, (if not of the white race) *Male*

3. Date of Birth, *17th Oct 84*

4. Place of Birth, (Street and Number) *22 Thompson St*

5. Full Name of Mother, *Sophie Schelsinger*

6. Mother's Maiden Name, *Kraucholz*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *John Schelsinger*

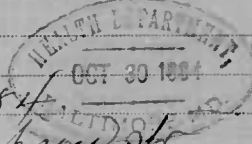
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Phila Pa*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mrs R. H. H. H.*

Remarks, *A. S. H. H. H.*



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
 or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
 for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth, Oct. 17. 1884

4. Place of Birth, (Street and Number) 216 Constitution St

5. Full Name of Mother, Isa Storms

6. Mother's Maiden Name, " Adams

7. Mother's Birthplace, md

8. Full Name of Father, Adam Storms

9. Father's Occupation, RR Employee

10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return Dr. L. J. Janyhill

Address, 219 Madison Ave

Remarks, Chloroform, instruments, both doing well.

should not, under penalty, be in a position to sign a return when the mother, immediately thereafter, is dead, or if, in the manner, and within the period above required, except in the cases of the births and deaths of still-born children, the mother, or any person or persons, shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

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was received in the same
condition and microfilmed
as shown.

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pleteness.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above specified, and the person or persons so failing to do so shall be subjected to the fine of ten (10) dollars for each offense and shall be liable to be recognized as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Timothy Matthew Ward
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

be in accordance with the provisions of the Act, and any person who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁹⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 18th 1884

4. Place of Birth, (Street and Number)

276 Canton Ave.

5. Full Name of Mother,

Mrs. Ella Hoffman

6. Mother's Maiden Name,

Ella Benty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Hoffmann

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. P. A. Garrett

Address,

No 65 Burke St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

children - any child who is born to a mother without the assistance of a physician or practitioner of midwifery, or should no other person be present at the birth, shall be deemed illegitimate. The mother, immediately thereafter it shall become the duty of the persons or parents of such child, to register his birth in the 'Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (\$10) dollars. For every person who shall register in this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered, and other fines and forfeitures are recoverable.

Any person who neglects or refuses to report the birth of a child, or the death of a person, or the marriage of a person, or the adoption of a child, or the change of name of a person, or the change of residence of a person, or the change of occupation of a person, or the change of marital status of a person, or the change of sex of a person, or the change of race of a person, or the change of color of a person, or the change of date of birth of a person, or the change of place of birth of a person, or the change of full name of a person, or the change of mother's maiden name of a person, or the change of mother's birthplace of a person, or the change of full name of a person's father, or the change of father's occupation of a person, or the change of father's birthplace of a person, or the change of name of medical attendant of a person, or the change of address of a person, or the change of remarks of a person, shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required.

RETURN OF A BIRTH 74911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th Oct-1884

4. Place of Birth, (Street and Number) 113 N Spring St

5. Full Name of Mother, Mary Einar

6. Mother's Maiden Name, Ballou

7. Mother's Birthplace, Balt'mo Md

8. Full Name of Father, Michael Einar

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt'mo Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Allbright

Address, 48 Hollaefel St

Remarks, Balt'mo

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was received in the same
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assure legibility and com-
pleteness.

NOTICE

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pleteness.

be in action, since upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, or other dues and forfeitures are recoverable.

RETURN OF A BIRTH

7/19/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

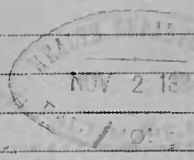
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

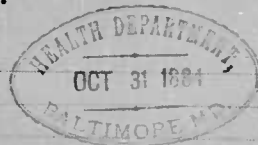
Address,

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 19th 1884

4. Place of Birth (Street and Number) 74 S. Caroline

5. Full Name of Mother Agnes May Krauff

6. Mother's Maiden Name " " Hise

7. Mother's Birthplace Balto

8. Full Name of Father Chas Albert Krauff

9. Father's Occupation Harness Maker

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return.

Address 171 N Calvert St

Remarks

born, the or their physicians certification, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Be it attested upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fall to comply with the provisions of this act, and any such person
for each infence to be recovered in other fees and forfeitures are recoverable.

RETURN OF A BIRTH

74914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 19th 1884

4. Place of Birth, (Street and Number)

No 138 S Ann st

5. Full Name of Mother,

Maria Shimmer

6. Mother's Maiden Name,

" Sauer

7. Mother's Birthplace,

City

8. Full Name of Father,

Georg Shimmer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Mrs Elizabeth Betz

Address,

120 Banks st

Remarks,



RETURN OF A BIRTH 74915

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female).... Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct - 19th 1884
4. Place of Birth, (Street and Number) No 382, Bank st
5. Full Name of Mother, May Ellen Leary
6. Mother's Maiden Name, " " Welch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick J. Leary
9. Father's Occupation, Muncher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

A. T. Clarke, M.D.,
237. Gough st.



of the person, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁷¹¹⁹¹⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sunday 24th Oct - 1916*

4. Place of Birth, (Street and Number) *No. 3 Penn. St.*

5. Full Name of Mother, *Mrs. Francis D. Doffin*

6. Mother's Maiden Name, *Miss Alice Kelly*

7. Mother's Birthplace, *Balto., Md.*

8. Full Name of Father, *Francis D. Doffin*

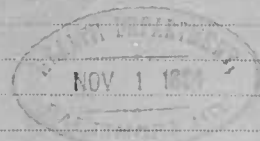
9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, } or other Person who makes this Return {

Address,

Remarks,



H. F. Hill, M.D.
S. W. Co. Edmundo San Jose & S. J. ...

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were received in the same
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assure legibility and com-
pleteness.**

he in site—once upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, which fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁹¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Registrar of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered by either due and forcible means are recoverable.

RETURN OF A BIRTH⁷⁴⁹¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 day of October 1934 1131 P 11

4. Place of Birth, (Street and Number) 294 1/2 Monument St Baltimore

5. Full Name of Mother, Harriet Matilda Vippard

6. Mother's Maiden Name, *H. H. Gray*

7. Mother's Birthplace, Kent County, Md

8. Full Name of Father, *Elmer Randall Kippard*

9. Father's Occupation, Plaster

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Julia Green

Address. 466 North Gay St Baltimore

Remarks, _____

RETURN OF A BIRTH. ⁷⁴⁹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sever

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

October 5-1884

4. Place of Birth, (Street and Number)

417 Gay St.

5. Full Name of Mother,

Louisia Ferrari

6. Mother's Maiden Name,

Louisia Glad

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Peter Ferrari

9. Father's Occupation,

Musician

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, *286 McDougall St.*

Remarks,

Be in attendance upon the mother immediately thereafter. It shall become the duty of the person or persons of such child, in report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

NOTICE

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

and the person or persons who shall receive the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Registrar of Health, in the manner and within the time prescribed in this section, and any such person who fails to do so shall be liable to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the Court, and any such person who fails to do so shall be liable to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the Court, and any such person who fails to do so shall be liable to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the Court.

RETURN OF A BIRTH ⁷⁴⁹²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct 20 4 84*

4. Place of Birth, (Street and Number) *458 Portland St*

5. Full Name of Mother, *Elizabeth Giergent*

6. Mother's Maiden Name, *Noffman*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Geo. Giergent*

9. Father's Occupation, *Stock Dealer*

10. Father's Birthplace, *Norfolk, Va*

Name of Medical Attendant, *Mary M. Wh*

Address, *S. E. 1st St*

Remarks,

or other Person who makes this Return

328

Be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall intentionally fail to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered by other lines and forfeitures are recoverable.

RETURN OF A BIRTH

74924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 20th 1885

4. Place of Birth, (Street and Number)

3. Gallagher's St.

5. Full Name of Mother,

Julia Greeless

6. Mother's Maiden Name,

Julia L. Loherty

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Greeless

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Mrs. R. A. Garrett

Address,

No 65 Burke St

Remarks,

RETURN OF A BIRTH ⁷⁴⁹²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ... 20 of Oct

4. Place of Birth, (Street and Number) 43 Fountain St

5. Full Name of Mother, Catherine Lang

6. Mother's Maiden Name, = *Reitz*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Long

9. Father's Occupation, Labelm

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, Mrs J. Behrman

Address, 434 Lancaster St

Remarks, Bant

Failure of any child and/or parent to appear without the attendance of a physician or practitioner of midwifery, or should no other person be at attendance upon the mother, immediately thereafter it shall become the duty of the persons or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered.

in case of any delay or failure to occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

Seventh child

2. Race or Color, (if not of the white race)

White

OCT 30 1884

3. Date of Birth,

226 Madison St

4. Place of Birth, (Street and Number)

Mary Booth

5. Full Name of Mother,

Frank

6. Mother's Maiden Name,

7. Mother's Birthplace,

Hessian Germany

8. Full Name of Father,

20th Oct 1884

9. Father's Occupation, munc.

Chas Booth } Brother

10. Father's Birthplace,

Hessian Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs R. Ulbrich

Address,

48 Holladay St

Remarks,

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such skill, to report to the Registrar of Vital Statistics, the date, hour, place, sex, race, color, and name of the child, and the name of the mother, and the name of the father, and the name of the medical attendant, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
NOV 1 1884
No 5 Child
Male
White
The 30 of October
No 5 McAllister's Court
Kase Farrell
Kase Duffy
Ireland
Michael Farrell
Labor
Ireland
Mrs C. L. Lauer
No 123 Maryland Ave
Baltimore Md
1884

RETURN OF A BIRTH ⁷⁴⁹²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 20th 1884

4. Place of Birth, (Street and Number) 235 Canton Ave

5. Full Name of Mother, Mary Morgan

6. Mother's Maiden Name, Diétrich

7. Mother's Birthplace, City

8. Full Name of Father, William Morgan

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 128 Bank St

Remarks,

births of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Irwin Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 21st*
4. Place of Birth, (Street and Number) *325 Cathedral St.*
5. Full Name of Mother, *Mary Parker*
6. Mother's Maiden Name, *Byrne*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Francis Parker*
9. Father's Occupation, *Iron Molder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby*
- Address, *364 Cathedral St.*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and name of the child, and whether born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race) *Mulatto*

3. Date of Birth *21 Oct. 1884*

4. Place of Birth (Street and Number) *18 S. Durham St.*

5. Full Name of Mother *Jennie Smith*

6. Mother's Maiden Name *Do*

7. Mother's Birthplace *Balt.*

8. Full Name of Father *Unknown*

9. Father's Occupation *Do*

10. Father's Birthplace *Do*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



B. Leonard M.D.
34 E. Balt. St.

Birth of any child and occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, shall be reported to the Registrar of Births and Deaths, who shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Births and Deaths, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth, Oct 21. 1884

4. Place of Birth, (Street and Number) 305 Park ave

5. Full Name of Mother, Ida J. Harris

6. Mother's Maiden Name, Green

7. Mother's Birthplace, md

8. Full Name of Father, Richard A Harris

9. Father's Occupation, clerk

10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

By Lane Tarnuphill
219 Madison ave

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 22 - 1884*
4. Place of Birth (Street and Number) *Travy ally*
5. Full Name of Mother *Mary Houston*
6. Mother's Maiden Name
7. Mother's Birthplace *Sulisbury Maryland*
8. Full Name of Father *unknown*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Jones*
- Address *No 4 Wayne*
- Remarks



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the person or persons attending the birth shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the time provided in this section, and any such person who shall be convicted of such offence shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the time provided in this section, and any such person who shall be convicted of such offence shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the time provided in this section.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 22 1884*
4. Place of Birth, (Street and Number) *189 Patterson Park ave.*
5. Full Name of Mother, *Annie Mc. Gough*
6. Mother's Maiden Name, *Annie Mc. Haines*
7. Mother's Birthplace, *New Jersey*
8. Full Name of Father, *John J. Gough*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore county*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Sarah Gullens*
Address, *104 Curley, street*
Remarks,

RETURN OF A BIRTH ⁷⁴⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 12th*

4. Place of Birth, (Street and Number) *219 Lombard St.*

5. Full Name of Mother, *Carrie Henrietta Schrick*

6. Mother's Maiden Name, *Hornbourn*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Joseph Schrick*

9. Father's Occupation, *Mechanical Engineer*

10. Father's Birthplace, *Falkenstein, Prussia*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Dunge*

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, shall be subject to a fine of not less than ten (\$10) dollars, nor more than twenty (\$20) dollars, for each offense to be recovered in a summary proceeding.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 22, 1892*

4. Place of Birth, *Baltimore*

5. Full Name of Mother, *Emel Parry*

6. Mother's Maiden Name, *Emel Crause*

7. Mother's Birthplace, *Sussex*

8. Full Name of Father, *Calure Edward J. Parry*

9. Father's Occupation, *Miner*

10. Father's Birthplace, *Miss M. Snuffer*

Name of Medical Attendant, *373 Hamburg*

Address, *373 Hamburg*

Remarks, *373 Hamburg*

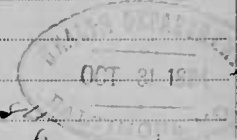
1000 PRINTED AND STATISTICAL

should in other person be in at variance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons, who shall hereafter, fail to comply with the provisions of this act, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 22, 1886*
4. Place of Birth, (Street and Number) *Baltimore No. 203 Bungeholz*
5. Full Name of Mother, *Emel Pantz*
6. Mother's Maiden Name, *Emel Krause*
7. Mother's Birthplace, *Germane*
8. Full Name of Father, *Adward J. Pantz*
9. Father's Occupation, *labore*
10. Father's Birthplace, *Germane*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Shaffer*
- Address, *373 Lombard*
- Remarks,



74937
H

should no other person be in attendance upon the mother, a physician, or a practitioner of midwifery, or the father, or the parent or guardian of the child, or the person to whom the child is committed, or the majority of the parents or parents of such child to report its birth in the Board of Health in this State, and during the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of children born to a woman who has never before failed to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Remarks, _____

RETURN OF A BIRTH ⁷⁴⁹³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 22d 1884*

4. Place of Birth, (Street and Number) *185 S Bethel st*

5. Full Name of Mother, *Catherine Bishop*

6. Mother's Maiden Name, *Seeberger*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Nicholas Bishop*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betz*

Address, *120 Banks st*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report the same to the Registrar of Vital Statistics, Baltimore City, within the period of time required, and any such person, or persons, who shall hereafter fail to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

74939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

22 October

4. Place of Birth, (Street and Number)

93 E. Lombard

5. Full Name of Mother,

Mary Glossner

6. Mother's Maiden Name,

Casper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Glossner

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,* . . .

10. *Father's Birthplace.*

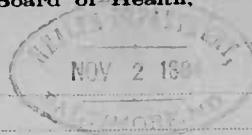
Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

RETURN OF A BIRTH 74941

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 22nd 1891

4. Place of Birth, (Street and Number)

15209 Holton St.

5. Full Name of Mother,

Rechel, Michel

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Emmad, Michel

9. Father's Occupation,

Sullivan

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Anne Lingner

Address,

1545 S. Monroe St.

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of the child, the parent or parents thereof shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷⁴⁹⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd birth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *22 October NOV 2 1892*

4. Place of Birth, (Street and Number) *John St. No 237*

5. Full Name of Mother, *Magdalena Fischer*

6. Mother's Maiden Name, *" " Decker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Fischer*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. S. Mauser*

Address, _____

Remarks, *Lombard St. No 220*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

74942

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. *Sex, (state whether male or female)*.....
2. *Race or Color, (if not of the white race)*.....
3. *Date of Birth,*.....
4. *Place of Birth, (Street and Number)*.....
5. *Full Name of Mother,*.....
6. *Mother's Maiden Name,*.....
7. *Mother's Birthplace,*.....
8. *Full Name of Father,*.....
9. *Father's Occupation,*.....
10. *Father's Birthplace,*.....

Address,

Remarks,

that of any child shall occur without the attendance of a physician or practitioner of medicine, or of any other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report the birth to the Commissioner of Health, in the manner and within the period hereinafter required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered by the State, and all other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th. 6 child.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 23rd.*

4. Place of Birth, (Street and Number) *5 St. Cathedral St.*

5. Full Name of Mother, *Hannah Vanboken.*

6. Mother's Maiden Name, *Keene.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Frederick Vanboken.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby.*

Address, *369 Cathedral St.*

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the event of its death, the report shall be made to the Commissioner of Health, for each offence to be recovered, as other laws and regulations are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

74945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 23rd 1884

4. Place of Birth (Street and Number) 2 Union St

5. Full Name of Mother Mary Hagarty

6. Mother's Maiden Name " Nolan

7. Mother's Birthplace Balti

8. Full Name of Father John Hagarty

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. B. Reynolds M.D.

Address 171 N Calvert St

Remarks

RETURN OF A BIRTH 74946

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

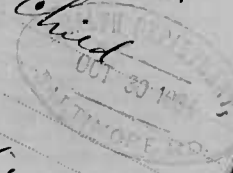
Of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) 2nd child
 2. Race or Color, (if not of the white race) Male
 3. Date of Birth, white
 4. Place of Birth, (Street and Number) Oct. 23/84
 5. Full Name of Mother, 7th n. Chester st.
 6. Mother's Maiden Name, Grace Myer
 7. Mother's Birthplace, Grace Benjamin
 8. Full Name of Father, Baltimore
 9. Father's Occupation, L. L. Myer
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. Mansfield
- Address, 505 Broadway
- Remarks.

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth,
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Father's Occupation,
9. Father's Birthplace,
10. Father's Occupation,
11. Name of Medical Attendant,
12. Address,
13. Remarks,

First Child
Male
Oct. 23/84
103 S. Carroll St.
Maggie Fiechter
John Fiechter
Laborer
Bald
R. W. Mansfield M.D.
50 20 Broadway



RETURN OF A BIRTH

74947

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 23/82

4. Place of Birth, (Street and Number)

103 S. Carroll St.,

5. Full Name of Mother,

Maggie Feichter

6. Mother's Maiden Name,

Maggie Lieberman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Feichter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.,

Address,

50 So. Broadway

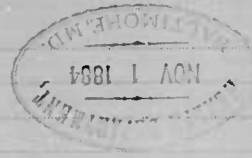
Remarks,

See the Parents, and the married name of the mother of such child or children.

RETURN OF A BIRTH.

74948

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth 23 Oct. 1891

4. Place of Birth (Street and Number) 34 E. Fayette St.

5. Full Name of Mother Rachel Weiner

6. Mother's Maiden Name None

7. Mother's Birthplace Russia

8. Full Name of Father Hella Weiner

9. Father's Occupation Peddler

10. Father's Birthplace Russia.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

B. T. Leonard M.D.
34 E. Fayette St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, to whom the mother, immediately thereafter, it shall then become the duty of the father or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and growth of illegitimate children, and any violation of this section shall be deemed a misdemeanor, and the offender shall be liable to a fine of ten dollars, or to a term of ten days in the House of Correction, or to both such fine and term, at the discretion of the Court, and the offender shall be liable to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 23rd 84

4. Place of Birth, (Street and Number)

490 St. Peter St.

5. Full Name of Mother,

Margaret Wintzbacher

6. Mother's Maiden Name,

Fresch

7. Mother's Birthplace,

Barania Germany

8. Full Name of Father,

Charles Wintzbacher

9. Father's Occupation,

Carpenter Weaver

10. Father's Birthplace,

Barania G.

Name of Medical Attendant, or other Person who makes this Return

Mary Knoll

Address,

4328 S. Eutam St.

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Registrar of Health, in the manner and within the period above prescribed, and any person who shall be guilty of neglecting to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁷⁴⁹⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 October*

4. Place of Birth, (Street and Number) *Chas. St. No. 51.*

5. Full Name of Mother, *Franziska Seidler*

6. Mother's Maiden Name, *" " Hermann*

7. Mother's Birthplace, *Danzig - Polen - Europa*

8. Full Name of Father, *Franz Seidler*

9. Father's Occupation, *Cannager*

10. Father's Birthplace, *Wien - Esterreich - Germa.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Maurer*

Address, *Lombard St. No. 228*

Remarks,

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74921

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 25th 1884

4. Place of Birth (Street and Number)

283

E. Baltimore St.

5. Full Name of Mother

Lillian G. Whitworth

6. Mother's Maiden Name

Ask

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Wm. L. Whitworth

9. Father's Occupation

Telegraph Operator

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. P. Britton, M.D.

Address

51 Broadway

Remarks



RETURN OF A BIRTH ⁷⁴⁹⁵²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3d.}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 24th*

4. Place of Birth, (Street and Number) *No. 21 Albemarle St.*

5. Full Name of Mother, *Rachel Silverman*

6. Mother's Maiden Name, *R. Weinrobitz*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Israh Silverman*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Rebecca Fustman*

Address, *No. 6 Broad Alley*

Remarks,

Fill out parents, and the maiden name of the mother of each child or children.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report as such child is born, to the Registrar of Vital Statistics, Baltimore City, and the person or persons so failing to do so, shall be liable for each offence to be recorded in the Registrar's office, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3 Child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 24th 1884

4. Place of Birth, (Street and Number)

No 6 Canton st canton

5. Full Name of Mother,

Maggie Nesler

6. Mother's Maiden Name,

Ewald

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johr Nesler

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

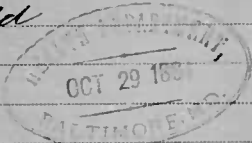
Name of Medical Attendant, or other Person who makes this Return.

Miss Wiley

Address,

No 12 Patterson Park av

Remarks,



RETURN OF A BIRTH 74954

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

October 24th 1884 Balto Md.

4. Place of Birth, (Street and Number)

No 17th Parrish st Balto Md.

5. Full Name of Mother,

Mary Krause

6. Mother's Maiden Name,

Mary Wideman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Otto Krause

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Kraning

Address,

No 60 Parrish st Balto Md.

Remarks,

Mother and Child are doing well.

RETURN OF A BIRTH

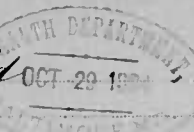
74955

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d child



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

24th of October 1884.

4. Place of Birth, (Street and Number)

86 East Lombard St.

5. Full Name of Mother,

Hannah Herz

6. Mother's Maiden Name,

Hannah Soder

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Solomon Herz

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Mrs R. Szymanski

Address,

200 Broad - May Leichner

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at call upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to do so shall be liable to a fine of ten dollars, and to imprisonment, at the discretion of the court, for a term not exceeding thirty days, and to be adjudged to be a person of bad character, and to be liable to be removed as other cases and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 24th 1884

4. Place of Birth, (Street and Number) Balto City No 276 N Bond St

5. Full Name of Mother, Emma Stevens

6. Mother's Maiden Name, Emma Rheinhardt

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William H. Stevens

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Balto Md

Name of Medical Attendant,

or other Person who makes this Return

Mrs Caroline Miller

Address,

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 7/19/97

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th children

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth October 24th 1884

4. Place of Birth, (Street and Number) Raborg St. No. 80

5. Full Name of Mother Catharine Shorten

6. Mother's Maiden Name Catharine Delord

7. Mother's Birthplace accamac Co

8. Full Name of Father Prison Shorten

9. Father's Occupation Porter

10. Father's Birthplace Lancaster Co

Name of Medical Attendant, or other Person who makes this Return. Mary E. Wallace

Address 113 Raborg St

Remarks

74958

birth of any child shall occur without the attendance of a duly qualified midwife, or of a duly qualified medical practitioner of midwifery, or should an other person, not being a duly qualified medical practitioner or a duly qualified midwife, be present at the birth of the child, the person so present shall be liable to a fine of £10 (ten pounds) for each offence to which he shall be subject under the provisions of this section, and any such fine shall be recoverable.

Accepted

female

White

24 Oct 1882

18 Cornet 26

Livvie Garri's

Lucas

Ballot Mrs

Wm Garrison

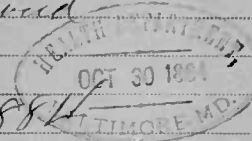
merchand

Buffalo, NY

Max Rubic

48 Holt Dr. Plr

B. Allen M. S.



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

74959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 24th 1884

4. Place of Birth (Street and Number) 11 Fall St

5. Full Name of Mother Catherine Clancy

6. Mother's Maiden Name Malley

7. Mother's Birthplace Ireland

8. Full Name of Father James Clancy

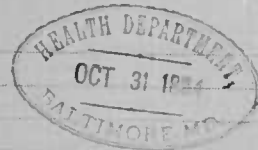
9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address 171 N Calvert

Remarks



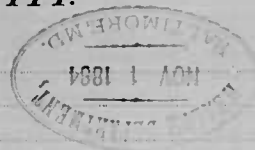
Dr. B. Reynolds M.D.

RETURN OF A BIRTH.

74960

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth 24 Oct. 1881

4. Place of Birth (Street and Number) 110 N. Wolfe St

5. Full Name of Mother Mrs. Clara Holland

6. Mother's Maiden Name " Bischof.

7. Mother's Birthplace Germany.

8. Full Name of Father Robt. W. Holland.

9. Father's Occupation Engineer

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

B. Leonard MD
814 E. Balt. St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

74961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

3. *Date of Birth*

24 October

4. *Place of Birth, (Street and Number)*

226 C. Lombard

5. Full Name of Mother,

Mary Garrett

6. *Mother's Maiden Name,*

P. Garrett

7. *Mother's Birthplace,*

Ireland

8. Full Name of Father,

John Garrett

9. *Father's Occupation,*

Sabourer

10. *Father's Birthplace,*

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Sarah Foster

Address,

22. E. Lombard street

Remarks,

The birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at such time, it shall be the duty of the parent or parents of such child, to report to the Commissioner of Health, in the manner and within the period above required, and such report shall be subject to the fine of ten (\$10) dollars for each offence to which the provisions of this section shall apply.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other data and forfeiture are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 24 - 1988

4. Place of Birth, (Street and Number)

315 Franklin St.

5. Full Name of Mother,

Fanny L. Clarke

6. Mother's Maiden Name,

Fanny L. Billmeyer

7. Mother's Birthplace,

Finksburg, Carroll Co. Md.

8. Full Name of Father,

John F. Clarke

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Louisville, Kentucky

Name of Medical Attendant, or other Person who makes this Return,

Susan Stanton

Address,

214 S. Fayette St.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

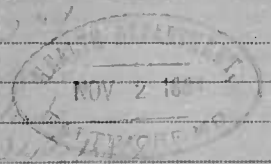
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, the mother thereof, hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/19/64}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁷⁴⁹⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return _____

Address, _____

Remarks, _____



October 25 1884

42 Beck St

Anne Hanson

Anne Margrate

Baltimore

Charles Hanson

Lumber Keeper

Norway

Mrs. Louisa Smith

Name of the Child Charles Henry Hanson

RETURN OF A BIRTH, 74966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White, race.

3. Date of Birth October 25/84.

4. Place of Birth, (Street and Number) No. 810 S. Charles St.

5. Full Name of Mother Kate Granger.

6. Mother's Maiden Name Hanley.

7. Mother's Birthplace Balt. Md.

8. Full Name of Father Thomas H. Granger.

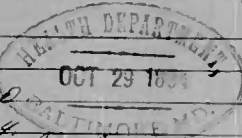
9. Father's Occupation Laborer.

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie G. Gentry.

Address No. 634 Light. St.

Remarks

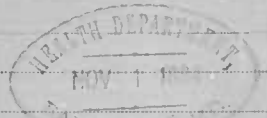


certificates, between the first and third day of each and every month, to the Board of Health. In case the death of any adult shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not person be in attendance upon the mother, immediately thereafter it shall then become the duty of the nearest person present to report to the Board of Health, in the manner, and within the time, and to the persons, respectively, prescribed by law. In case the death of any child, or of any person, or persons who are under the age of sixteen years, shall occur, the person or persons who shall have been in attendance upon the deceased, shall, in case, to be recovered as other diseases, certify the cause of death, and the manner of death, to the Board of Health, and shall be entitled to a certificate of death, in the manner, and within the time, and to the persons, respectively, prescribed by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 23rd 1884
4. Place of Birth, (Street and Number) Pratt st No 743
5. Full Name of Mother, Emma George Bennett
6. Mother's Maiden Name, Emma George Collins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William G. Bennett
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. J. Bully
- Address, No 797 D. St.
- Remarks,



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be present, the mother shall, before it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

NOV 2 18

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to cause to be prepared and filed in the office of the Registrar of Vital Statistics, a true and correct copy of this Return, and to sign the same, and to file the same, and to pay the fee of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

October 26/1884

4. Place of Birth, (Street and Number)

20 Wolfe St extended

5. Full Name of Mother,

Maggie Mcjilton

6. Mother's Maiden Name,

Evans

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Samuel Mcjilton

9. Father's Occupation,

Street Sweeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 Mc Donogh st

Remarks,

RETURN OF A BIRTH 74970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

On the patron's, and the maiden names of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 26th 1884*

4. Place of Birth, (Street and Number) *N. 16. Calverton road.*

5. Full Name of Mother *Barbara Basel.*

6. Mother's Maiden Name, *Remus.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Christ Basel.*

9. Father's Occupation, *Labourer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Lindner*

Address, *N. 45 S. Monroe St.*

Remarks,

certificates, between the first and third day of each and every month in the Board of Health. In case the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly licensed by the Board of Health, shall be neglected, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, and to file a certificate of birth within the period above specified, except in the cases of the birth and death of illegitimate children, and in such cases the parent or parents shall nevertheless be liable for a fine of ten dollars, and shall, in addition, be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct. 26

4. Place of Birth, (Street and Number)

42 ~~Warner St~~

5. Full Name of Mother,

Charlot Boyd

6. Mother's Maiden Name,

11 Baker

7. Mother's Birthplace,

ind

8. Full Name of Father,

George Boyd

9. Father's Occupation,

Labore (Sailor)

10. Father's Birthplace,

B. City

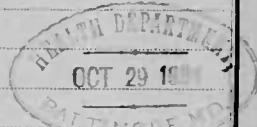
Name of Medical Attendant, or other Person who makes this return

Mary Smith

Address,

1 Handus court

Remarks,



74972

HEALTH DEPARTMENT
OCT 28 1961
BALTIMORE, MD.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- Balto Ch.
 Irving Miller m.
 179 E. Monument St.

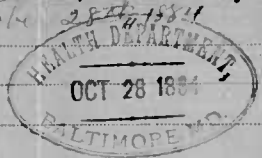
birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to procure the return of the birth of such child, and to file the same in the office of the Registrar of Vital Statistics, to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

74973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*



- 1. Sex, (state whether male or female) *Male*
- 2. Race or Color, (if not of the white race) *White*
- 3. Date of Birth *October 26th 1884*
- 4. Place of Birth, (Street and Number) *43 Durham St*
- 5. Full Name of Mother, *Sizzie Neotter*
- 6. Mother's Maiden Name, *Sizzie Brown*
- 7. Mother's Birthplace, *America*
- 8. Full Name of Father, *Adam Neotter*
- 9. Father's Occupation, *Laborer*
- 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary Amenick*
- Address, *No. 137 S. Wolfe St.*
- Remarks, *— M —*

Birth of any child shall occur without the attendance of a physician or person duly qualified to perform the duties of a midwife, or should no other person be present, the mother shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

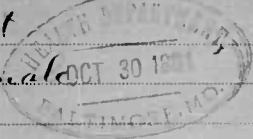
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____ male OCT 30 1894
2. Race or Color, (if not of the white race) _____ white race
3. Date of Birth _____ October 26
4. Place of Birth, (Street and Number) _____ Baltimore port wick 42
5. Full Name of Mother, _____ Charlotte allen
6. Mother's Maiden Name, _____ blackwell
7. Mother's Birthplace, _____ Baltimore
8. Full Name of Father, _____ william allen
9. Father's Occupation, _____ laborer
10. Father's Birthplace, _____ Baltimore
- Name of Medical Attendant, or other Person who makes this Return. _____ Elizabeth Hallinan
- Address, _____ william st no 304
- Remarks, _____

Section 10. Every person who is present at the birth of a child, or who is present at the birth of any child, shall be in attendance upon the mother, immediately thereafter, and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be present at the birth of a child, and fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each failure to be recorded, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁴⁹⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 26th*
4. Place of Birth, (Street and Number) *No. 57 Pratt St.*
5. Full Name of Mother, *Louise Rushed*
6. Mother's Maiden Name, *" " Grant*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Rushed*
9. Father's Occupation, *Wine Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *John Simon*
- Address, *No. 10 South St.*
- Remarks,



RETURN OF A BIRTH 74976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) 2 ^d female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 26th, 1884

4. Place of Birth, (Street and Number) 3 N. High St.

5. Full Name of Mother, Honora D. Leary Philbin

6. Mother's Maiden Name, O'Leary

7. Mother's Birthplace, Ireland

8. Full Name of Father, Peter Philbin

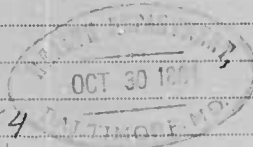
9. Father's Occupation, Bartender

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return P. S. Danachman

Address 325 E. Balto. st.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Oct

3. Date of Birth, 26 4 1884

4. Place of Birth, (Street and Number) 468 Eastern Ave

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Meir

7. Mother's Birthplace, City

8. Full Name of Father, Emilius Miller

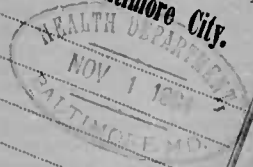
9. Father's Occupation, Harp-maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth B. B. B.

Address, 128 Bank St.

Remarks, _____



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person who may be present at the birth shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 26th 1884

4. Place of Birth, (Street and Number) 468 Eastern Ave

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, " Meir

7. Mother's Birthplace, City

8. Full Name of Father, Corilius Miller

9. Father's Occupation, Harp maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Elizabeth Betz
128 Bank St

Remarks,



RETURN OF A BIRTH ⁷⁴⁹⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

No 2

Male

White

NOV 1 1885

26 of October

126 1/2 Sharford St

Mary Jane Gamble

Mary Jane Gamble

Baltimore City

Wm D Gamble

Blacksmith

Baltimore City

James E Bagless

No 386 Sharford St

In case the birth of a child shall be attended by any of the following circumstances, the mother, immediately thereafter, shall report the same to the Board of Health, in the manner, and at the time, prescribed by the Board of Health, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *N.E. Oct. 26th 88*
4. Place of Birth, (Street and Number) *Dr. Donnelly Warner St.*
5. Full Name of Mother, *Emmie Wernling*
6. Mother's Maiden Name, *Frederick*
7. Mother's Birthplace, *Austria*
8. Full Name of Father, *Adelbert Wernling*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Austria*
- Name of Medical Attendant, or other Person who makes this Return *Many Kroh*
- Address, *#328 S. Eutam St.*
- Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

74981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *October 27th 84*
4. Place of Birth, (Street and Number) *12 Hamilton St*
5. Full Name of Mother, *Mary Johnson*
6. Mother's Maiden Name, *Stewart*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *James Johnson*
9. Father's Occupation, *Driver*
- Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Anelia Johnson*
- Address, *6 Hamilton St*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

74982

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 27th 1884

4. Place of Birth (Street and Number)

907 W. Pratt St.

5. Full Name of Mother

Anna Catharine Sheek

6. Mother's Maiden Name

Berger

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles Adenick Sheek

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Weber M.D.

Address

298 W. Lombard St.

Remarks

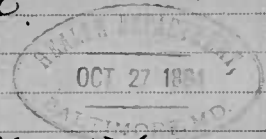
certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

74983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Oct. 27th 84*
4. Place of Birth, (Street and Number) *Maternity Hospital*
5. Full Name of Mother, *Nancy Young*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Med.*
8. Full Name of Father, *_____*
9. Father's Occupation, *_____*
10. Father's Birthplace, *_____*
- Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann*
- Address, *_____*
- Remarks, *_____*



Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with this duty, shall be liable to the fine of ten (10) dollars for each offence, to be recovered by the Commissioner of Health, and for all other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Oct 27th 1884*
4. Place of Birth, (Street and Number) *310 Calverton St*
5. Full Name of Mother, *Annie Wrightson*
6. Mother's Maiden Name, *Apple*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Larnall Wrightson*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks,

RETURN OF A BIRTH ⁷⁴⁹⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

October 27th

46 Market Space

Rachel Bahrman

Rachel Schwartz

Russia

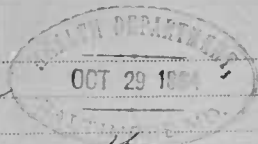
Leib Bahrman

Carpenter

Russia

R. Justman

No 6. Broad Alley



RETURN OF A BIRTH

74986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27 of Oct*

4. Place of Birth, (Street and Number) *54 Fifth Street*

5. Full Name of Mother, *Emma Minkel*

6. Mother's Maiden Name, *Reisius*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Minkel*

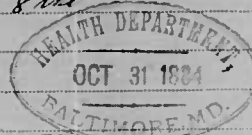
9. Father's Occupation, *Book Keeper*

10. Father's Birthplace, *Hessen Darmstadt - Germ*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. E. Behnken*

Address, *434 Lancaster St*

Remarks, *Canton*



Registration of Births and Deaths. In case the birth of a child occurs between the first and third day of each and every month to the Office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered by the City and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
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within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

74987

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Colored

27 Oct 1884

341 N Howard

Sarah Elizabeth F. Pipe

Sarah F. Pipe

Pa

Edward Pipe

Waiter

MD

C. B. Lamb

59 Catherine

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother, or the father, or the mother and father, or the mother and father and any other person, shall be liable to a fine of not more than \$100, and any such person or persons who shall be liable to a fine of not more than \$100, shall be liable to the fine at once (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

74988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 27th 1884

4. Place of Birth, (Street and Number)

10 73 Lancaster St

5. Full Name of Mother,

Julia Critzman

6. Mother's Maiden Name,

Gebhart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Otto Critzman

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs Elizabeth Betz

Address,

1120 Bank St.

Remarks,

certification between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and to comply with the provisions of this section, shall be and in the sum of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁷⁴⁹⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Oct 27th 1884

4. Place of Birth, (Street and Number) No 73 S Ann St

5. Full Name of Mother, Christina Bruckman

6. Mother's Maiden Name, " Lausterbach

7. Mother's Birthplace, City

8. Full Name of Father, Fred W^m Bruckman

9. Father's Occupation, Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 120 Bank St

Remarks, _____

Every person who is present at the birth of a child shall, within the first and third day of each and every month, to the Board of Health, in case of a birth of any child shall occur without the attendance of a physician, or of a matron, or of a midwife, or of any other person, or in any other manner, shall be liable to a fine of ten dollars, or to a term of not more than thirty days in the jail, or to both such fine and term, at the discretion of the Board of Health, and any person who shall be liable to such fine or term shall be liable to a fine of ten dollars, or to a term of not more than thirty days in the jail, or to both such fine and term, at the discretion of the Board of Health, and any person who shall be liable to such fine or term shall be liable to a fine of ten dollars, or to a term of not more than thirty days in the jail, or to both such fine and term, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 27, 1884

4. Place of Birth, (Street and Number)

No. 97 N. Ann Street

5. Full Name of Mother,

Mrs. Louisa Simpson

6. Mother's Maiden Name,

Miss Louisa Kleinle

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Charles W. Simpson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. C. Linder, M.D.

Address,

No. 102 N. Broadway

Remarks,

RETURN OF A BIRTH

74991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Primipara

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Tuesday Oct 28't 84.

Place of Birth, (Street and Number)

727. W Pratt St

Full Name of Mother,

Laura T Lane

Mother's Maiden Name,

Laura T. Collins

Mother's Birthplace,

Baltimore Md

Full Name of Father,

John E. Lane

Father's Occupation,

mechanic

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. H. Lafton M D

Address,

Instrumental delivery

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Section, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. To cause the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to procure a certificate of birth, and to file the same in the Office of the Commissioner of Health, and in the absence of such certificate, no person who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

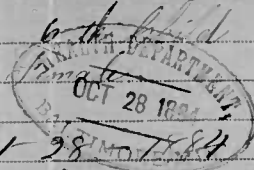
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



No. 29 Beaman st.

Mary Schwartz

J. Chidling

America

August Schwartz

Boysmaker

America

J. Schwaasser midwife

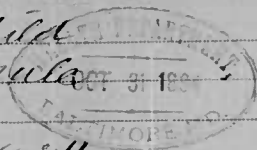
336 Hanover st.

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs on the first or third day of a month, the physician or practitioner of midwifery, or should no other child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *October 28th 1884*
4. Place of Birth, (Street and Number) *450 Canton ave*
5. Full Name of Mother, *Lizzie Ompstead*
6. Mother's Maiden Name, *Decher*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert Ompstead*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mrs Wiley*
Address, *No 12 Patterson Park av*
Remarks,



certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at endurance upon the mother, immediately thereafter it shall then become the duty of the person so present to immediately report the birth of the child to the Board of Health, and within of this period shall be required, except in the case of the birth and death of legitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Oct 28*

4. Place of Birth, (Street and Number) *Baltimore Conway st No 138*

5. Full Name of Mother, *Alice Ann Howard*

6. Mother's Maiden Name, *Alice Ann Woodall*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Samuel Howard*

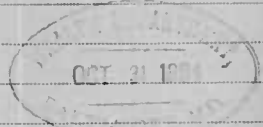
9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mc Shaffn*

Address, *373 Hamburg st*

Remarks, _____



RETURN OF A BIRTH

74995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 2 1884

4. Place of Birth, (Street and Number)

142 Eough St.

5. Full Name of Mother,

Maggie Barber

6. Mother's Maiden Name,

Maggie Hamilton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Barber

9. Father's Occupation,

Deputy Warden at Jail

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

R. W. Mansfield M.D.

Address,

50 Lombardway

Remarks,

RETURN OF A BIRTH 74996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 42 Chapple street

4. Place of Birth, (Street and Number)

Wesley Church 28

5. Full Name of Mother,

Amelia Walker

6. Mother's Maiden Name,

Amelia Enis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Walker

9. Father's Occupation,

Cyber Shucker

Father's Birthplace,

Easton Shore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ellen Carson

Address,

No 273 Chapple st.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

parents, the date and place of birth, and the sex, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of sound mind and legal age who may be present at the birth, to report its birth to the Commissioner of Health, in the manner and to the persons designated in the regulations of this section, shall be subject to a fine of ten (10) dollars for each offense so committed, and as other fines and forfeitures are restretable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

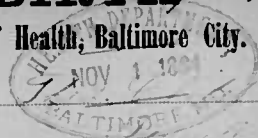


Franklin
White
October 28th 1884
N^o 216 Light St
Kate Wankleman
Kate Lambert
St Michaels Tubet Baltimore
James H Wankleman
Boiler Maker
Mary Ann Newberry
Mrs M A Cottrell
28 Warren Ave.

to be filled out by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or child to other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Office of the Commissioner of Health, and to comply with the provisions of this section, and to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

74999

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to attend to the mother, immediately thereafter it shall become the duty of the mother to report to the Commissioner of Health, in the manner as in this act herein provided, and any such person who fails to do so shall be liable to a fine of not less than \$10 nor more than \$50, and such fine shall be payable to the State.

Ferrale

0.0000

Oct 28th 1887

110 S. Am. St.

Elizabeth Clark

11. *Bucher*

City

John Clark

Brick layer

City

Mrs Elizabethte Banz

120 Bank str

Remarks, _____



75000

[illegible]

First (184)

Male

While

October 28, 1884

No. x, N. Chester Street

Mrs. Mary Elizabeth Wellner

Miss Mary E. Blackburn

Baltimore Md.

Mr. William C. Wellner

Beckmayer

Baltimore, Md

or other Person who
makes this Return

or other Person who makes this Return *Jm H. Glendene R.*

No. 102 N. Broadway

Remarks, This house is not numbered, being a new building. It is on the East side of Chester St. the first house north of Bayello.

It is on the East side of Chester St, the first house north of Bayello.

certificates, between the first and third day of each and every month, to the Registrar of Births, in the form of a certificate, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to the mother, to file a certificate of birth, in the manner, and within the period above required, except in the case of the birth of a child, the mother of which is a person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2d)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 28th 1884

4. Place of Birth, (Street and Number)

No. 7 Irvin Place

5. Full Name of Mother,

Mrs. Elsie A. Key

6. Mother's Maiden Name,

Mrs. Elsie A. Moore

7. Mother's Birthplace,

Philadelphia, Pa.

8. Full Name of Father,

Mr. John Key

9. Father's Occupation,

Traveling Agent

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Colquhoun M.D.

Address,

No. 102 N. Broadway

Remarks,

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the
report its birth to the Commissioner of Health, is the manner and within the period as required, and any act or omission
or persons who shall be guilty of any violation of the provisions of this act, shall be subject to the fine of ten (10) dollars
for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 28, 1884*

4. Place of Birth, (Street and Number) *Eastern Ave No 101.*

5. Full Name of Mother, *Ella Barreck*

6. Mother's Maiden Name, *Ella Haiser*

7. Mother's Birthplace, *Vorden - Vorden N. Prussia Germany*

8. Full Name of Father, *Herard Barreck*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Vorden - Vorden N. Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *11 Dallas St. No 26*

Remarks,

any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 28/84

4. Place of Birth, (Street and Number) 78 Virginia St.

5. Full Name of Mother, Amelia Lohman

6. Mother's Maiden Name, Amelia Weiss

7. Mother's Birthplace, Ill

8. Full Name of Father, Adam Lohman

9. Father's Occupation, Trimmer

10. Father's Birthplace, Ill

Name of Medical Attendant, or other Person who makes this Return J. Miller, M.D.

Address, 188 Franklin St.

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75004

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 29th 1884*
4. Place of Birth (Street and Number) *No 8 Whitecoat street Baltimore*
5. Full Name of Mother *Catherine Yoe*
6. Mother's Maiden Name *Catherine Callaghan*
7. Mother's Birthplace *Rosemount County Ireland*
8. Full Name of Father *Charles Yoe*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. J. H. Bush*
- Address *409 N. Sticker*
- Remarks *Healthy*

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

75005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 29th 1884

4. Place of Birth (Street and Number) 38 E. Madison St

5. Full Name of Mother Kate Poppe

6. Mother's Maiden Name Seward

7. Mother's Birthplace Baltimore

8. Full Name of Father George Poppe

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. B. Reynolds, M.D.

Address 171 N. Calvert

Remarks

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or other person authorized by the Commissioner of Health, the parent or person in whose custody the child is born shall be liable for each offense to be recorded in the provisions of this section, shall be subject to the fine of ten (10) dollars as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

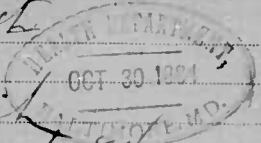
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

75006
Male
Jewish
29 Oct 84
391 W Gay str
Rachel Jacobs
Hellman
Poland Ky
Abraham Jacobs
Sailor
Poland Ky
Mrs R. R. Rieg
118 Holladay St
Baltimore



Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a return of the birth of such child to be made to the Office of the Commissioner of Health, and any person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered in an other fines and forfeitures are recoverable.

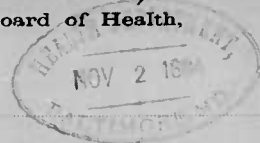
RETURN OF A BIRTH. 15007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth *Oct. 29th 84*
4. Place of Birth, (Street and Number) *Maternite Hospital*
5. Full Name of Mother, *Lizzie Leary*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Va.*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann*
- Address, *—*
- Remarks, *—*

RETURN OF A BIRTH ⁷⁵⁰⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child
Twin.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 29th 1884

4. Place of Birth, (Street and Number)

No. 16, Friedrich st.

5. Full Name of Mother,

Dora Simon

6. Mother's Maiden Name,

Schneider

7. Mother's Birthplace,

Heron, Prussia

8. Full Name of Father,

Joseph Simon

9. Father's Occupation,

Oyster Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anna Lischer

Address,

No. 45 S. Monmouth st.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 29th 80

4. Place of Birth, (Street and Number)

127 Bruce St.

5. Full Name of Mother,

Caroline Backmeyer

6. Mother's Maiden Name,

Langerwich

7. Mother's Birthplace,

Hannover G.

8. Full Name of Father,

Louis Backmeyer

9. Father's Occupation,

Salsan Keeper

10. Father's Birthplace,

Hannover G.

Name of Medical Attendant, or other Person who makes this Return

Mary Knob

Address,

328 S. Eutan W.

Remarks,

75070

[illegible]

French

5-Emma C

White

Oct 29 1887

325- E Monument St

Harry Cadmon

Chick

Baltimore

Andrew Cadman III

Stanger

Baltimore

(1) L. B. Schwartz M. D.

208 W Broadway

Remarks,

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the duty of the person or persons of such child, to be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH.

75071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

October 30 1884

4. Place of Birth, (Street and Number)

2 E. Chappelle St. extended

5. Full Name of Mother,

Emma J. Benner

6. Mother's Maiden Name,

Waters

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Benjamin J. Benner

9. Father's Occupation,

Cannaker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 McDougall St

Remarks,

RETURN OF A BIRTH, 75012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 30/94.

4. Place of Birth, (Street and Number) 79 Georgetown

5. Full Name of Mother Genivieve Seilich

6. Mother's Maiden Name Burek

7. Mother's Birthplace Friedenick Co, Md.

8. Full Name of Father Charles M. Seilich

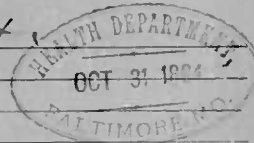
9. Father's Occupation Train Dispatcher

10. Father's Birthplace Friedenick Co, Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Gutterhoff M.D.

Address 208 W. Biddle St.

Remarks



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 30th 1882

4. Place of Birth, (Street and Number)

No. 609 South Charles St

5. Full Name of Mother,

Mary Ellis

6. Mother's Maiden Name,

Mary Sheekels

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert Ellis

9. Father's Occupation,

Letter in Sailors department

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

C. Hinton

Address,

No. 658 South Charles St

Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth in the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Registrar of Vital Statistics, Baltimore City, and the same shall be a lien in favor of the Registrar of Vital Statistics, Baltimore City, against the property of such person or persons.

75011

[illegible]

st

c. Ma. 6.

Y. Phil

October 30th

109 Eastern Ave

Katharina Denk.

Katharina Spitzenberger

Germany

Joseph Bank

Suberen.

Germany.

Mrs. Will. Hildreth

At 9 Washington Street.

Thell.

75015

Indicate, stating immediately the date of birth, sex, and color of the child or children born, his or her physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOV 1 1961

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 30th*
4. Place of Birth (Street and Number) *Fert. St. - No 20.*
5. Full Name of Mother *Mary Agnes Seibert-*
6. Mother's Maiden Name *Mary A. Holahan.*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John M. Seibert-*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Baltimore Md U.S*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Mrs Ann M. House*
- Remarks

RETURN OF A BIRTH, 75016

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Charles Christopher Woods*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *7:25 A.M. Friday Oct 30th 1884*

4. Place of Birth, (Street and Number) *201 Bimmi St or Ripsec Ave*

5. Full Name of Mother *Mary Woods*

6. Mother's Maiden Name *Mary Holton*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *William Woods*

9. Father's Occupation *Shoemaker*

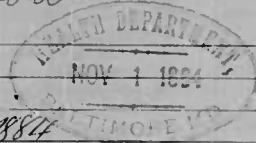
10. Father's Birthplace *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Trichard, M.D.*

Address *28 O'Donnell St.*

Remarks *Mother in labor 24 hours in labor pains. She was*

delivered with forceps head presentation. Both are doing well



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

275417

Third (3rd)

Third (3rd)

Male

White

October 30th, 1884

No. 282 K. Ann Shue

Mrs. Emma M. Bates

Miss Emma M. Kune

Baltimore, Md.

Mr. Wm G. Kales

Paper Hanger

Baltimore, Md.

Wm. H. Cushman, M.D.

No. 102 N. Broadway

TOO DEMONSTRATIVE

CITY THEATERS AND STATIONERS

Birth certificate, between the first and third day of each and every month to the Board of Health. In case the physician, or of a practitioner of midwifery, or of a person who has attended the birth of a child, should neglect to file a return, he shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *11th*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *October 2nd 1884.*

4. Place of Birth, (Street and Number) *60 N. Frederick St.,*

5. Full Name of Mother, *Sarah E. Hamilton,*

6. Mother's Maiden Name, *Sarah E. Taylor.*

7. Mother's Birthplace, *Baltimore City, Md.*

8. Full Name of Father, *Columbus J. Hamilton,*

9. Father's Occupation, *clerk.*

10. Father's Birthplace, *Baltimore City, Md.*

Name of Medical Attendant, or other Person who makes this Return *John L. P. Meyer, M.D.*

Address, *299 Lexington St.*

Remarks,

TH 75019

Name: Thomas Kelly
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)...3

Male

le HEALTH DEPT. NOV 1 19

30 October

3 Spruce alley

(Natie) (N. L. L.) Kelly

(Muldan) Mildound

Baltimore

John (Hatter) Kelly

Labouner

Baltimore

Sarah Casper

J. C. Lombard

contingencies between the first and third day of each and every month to the office of the Commissioner of Health. To each person who is the parent or guardian of a child, a physician or practitioner, or the person in charge of a hospital, shall be levied upon the person the birth of any child shall occur without the attendance of a physician or practitioner, and within the period above required, and any such person who fails to report the birth to the Commissioner of Health shall be liable to a fine of ten (\$10) dollars for each child so born. Other fines and forfeitures provided by the provisions of this section, shall be subject to the same provisions as to costs and expenses as are provided for in the case of other fines and forfeitures are recoverable.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Office of the Commissioner of Health, and the person or persons so failing to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 30, 1884*

4. Place of Birth, (Street and Number) *Eastern Ave No 182*

5. Full Name of Mother, *Anna Sacks*

6. Mother's Maiden Name, *Anna Herr*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Johann Sacks*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Miller*

Address, *1 Pallas St. No 26*

Remarks,

In case the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and to furnish the necessary information, and to sign of the child a true and correct statement to a line of ten dollars fine and other penalties as may be provided by law.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. Oct 30 1854

4. Place of Birth, (Street and Number) 1300 S. Street St

5. Full Name of Mother, _____

6. Mother's Maiden Name, Lizzie Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return Lucinda Webster

Address, 1300 S. Street St

Remarks, _____

RETURN OF A BIRTH 75022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race).....

3. Date of Birth, *October 30th 1884*

4. Place of Birth, (Street and Number) *N. E. S. Fredrick Road.*

5. Full Name of Mother, *Emma Runtz*

6. Mother's Maiden Name, *Wacker*

7. Mother's Birthplace, *Baltimore Conn.*

8. Full Name of Father, *Jacob Runtz*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore Conn.*

Name of Medical Attendant, or other Person who makes this Return *Anna Lindner*

Address, *N. 45 S. Monroe St.*

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 75023

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 31/84

4. Place of Birth, (Street and Number)

200 Maryland Ave

5. Full Name of Mother

Mary H. Nicholson

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Calvin H. Nicholson

9. Father's Occupation

Broker

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

H. A. Fetterhoff, M.D.

Address

205 W. Biddle St.

Remarks

Signature of the mother of such child or children, or of the father, or of the medical attendant, or of the Registrar of Vital Statistics, or of the Board of Health, or of the Registrar of the City of Baltimore, or of the Registrar of the County of Baltimore, or of the Registrar of the State of Maryland, or of the Registrar of the United States, or of the Registrar of the District of Columbia, or of the Registrar of the Territory of Alaska, or of the Registrar of the Territory of Arizona, or of the Registrar of the Territory of California, or of the Registrar of the Territory of Colorado, or of the Registrar of the Territory of Florida, or of the Registrar of the Territory of Idaho, or of the Registrar of the Territory of Iowa, or of the Registrar of the Territory of Kansas, or of the Registrar of the Territory of Kentucky, or of the Registrar of the Territory of Louisiana, or of the Registrar of the Territory of Maine, or of the Registrar of the Territory of Massachusetts, or of the Registrar of the Territory of Michigan, or of the Registrar of the Territory of Minnesota, or of the Registrar of the Territory of Missouri, or of the Registrar of the Territory of Montana, or of the Registrar of the Territory of Nebraska, or of the Registrar of the Territory of Nevada, or of the Registrar of the Territory of New Hampshire, or of the Registrar of the Territory of New Jersey, or of the Registrar of the Territory of New York, or of the Registrar of the Territory of North Carolina, or of the Registrar of the Territory of North Dakota, or of the Registrar of the Territory of Ohio, or of the Registrar of the Territory of Oklahoma, or of the Registrar of the Territory of Oregon, or of the Registrar of the Territory of Pennsylvania, or of the Registrar of the Territory of Rhode Island, or of the Registrar of the Territory of South Carolina, or of the Registrar of the Territory of South Dakota, or of the Registrar of the Territory of Tennessee, or of the Registrar of the Territory of Texas, or of the Registrar of the Territory of Utah, or of the Registrar of the Territory of Vermont, or of the Registrar of the Territory of Virginia, or of the Registrar of the Territory of Washington, or of the Registrar of the Territory of West Virginia, or of the Registrar of the Territory of Wisconsin, or of the Registrar of the Territory of Wyoming.

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

750211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 31 1884 9.26 A.M.

4. Place of Birth, (Street and Number)

N.W. Cor. Fairmount Ave. & Chester St

5. Full Name of Mother,

Augusta Smith

6. Mother's Maiden Name,

Augusta Hall

7. Mother's Birthplace,

St. Louis, Missouri, Co. Mo.

8. Full Name of Father,

Henry Smith, Jr.

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who make this return

John Geo. Danvers

Address,

325 E. Baltimore St.

Remarks,

75025

[illegible]

2nd. Child.

Male

2. Race or Color, (if not of the white race)

October 31st

14 Oak St.

Elizabeth Ward.

Green

England.

Samuel Ward

Labor

Virginia

Charlotte Crosby.

369 Cathedral St.

Remarks,

For every child born, the date and place of birth, and the sex, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents or such child, to secure a certificate of birth, and to deliver the same to the Office of the Commissioner of Health, and to pay to the said Office the fee of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 3rd Child
Female

White

The 31st October 1884

Hallbrook Place

Emma Evans

Emma Collins

Brown Warford County

Joseph Evans

Stone digger

Brown in Baltimore County

Mrs Ch. Lauer

To 113 Warford St

Baltimore Md.

1884

Return of a Birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall hereafter fill in every with the particulars of this return, to sign the same, and any person or persons who shall hereafter fail to comply with the provisions of this law shall be subject to a fine of ten dollars for each offense, to be recovered as other laws may provide: penalty not recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. October 31 1884

4. Place of Birth, (Street and Number) Mr. Perry A No 202

5. Full Name of Mother, Matilda Lutz

6. Mother's Maiden Name, Matilda

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Jacob Lutz

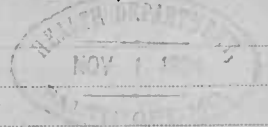
9. Father's Occupation, laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Lutz

Address, No 797 P A

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

herein, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

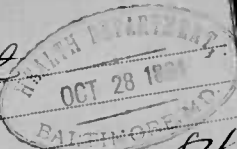
Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

South
Female
White
September 14 - 87
140 S. Euter St.
Mary Ryan
Mary Conley
Ireland
Michael Ryan

Ireland
Frank G. Meyer M.D.
15, Euter St.

born, its or their physical condition. "whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

75031

The parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or ahead of any person in his attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to send to the office of the Commissioner of Health, as soon as practicable after the birth of such child, a true and correct copy of the said certificate, duly signed by the person or persons who shall receive the same, and any such person failing to comply with the provisions of this section, shall be subject to a fine of five dollars, which shall be recoverable.

the girl

female

color

23 of September

181 Haward

Emiline most

Examine fur suit

For... ~~James~~

Joni Nov

Dranner

for finger

Hubert Good

19 Linnis aller

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the mother or the father, or any other person, shall be liable to a fine of ten dollars, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 1 child

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

Color

3. Date of Birth

24 of September

4. Place of Birth, (Street and Number)

New York 171

5. Full Name of Mother,

Hester Hall

6. Mother's Maiden Name,

Hester Armstrong

7. Mother's Birthplace,

Harve county

8. Full Name of Father,

Ben Hall

9. Father's Occupation,

carman

10. Father's Birthplace,

Colver county

Name of Medical Attendant, or other Person who makes this Return.

Wiley Post

Address,

12 plum alley

Remarks,

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 75033

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV 2 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 28th 1884

4. Place of Birth, (Street and Number)

235 N. Mount St

5. Full Name of Mother

Marion W. Danforth

6. Mother's Maiden Name

Vaughan

7. Mother's Birthplace

Va

8. Full Name of Father

Chas W. Danforth

9. Father's Occupation

Contractor

10. Father's Birthplace

N.Y. State

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lir

Address

N. W. on Hancock Bldg

Remarks

36

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in due form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to deliver such certificate, he shall be liable to a fine of ten dollars for each offense. No physician or other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or other person to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

75025

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address.

Remarks.

During my attendance in the last illness of the above child, I discovered that it had never been reported.

Learn, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 4 1898

4. Place of Birth, (Street and Number)

45 Myrtle av

5. Full Name of Mother,

Mary W. Black

6. Mother's Maiden Name,

Mary L. Trainor

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John F. Black

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Petersburg Va

Name of Medical Attendant, or other Person who makes this Return

J. K. Wiley M.D.

Address,

196 W. Lombard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

Name: *David Milton Baum* BALTIMORE CITY.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 17, 1884*

4. Place of Birth, (Street and Number) *137 Collington Ave.*

5. Full Name of Mother, *Selia Baum*

6. Mother's Maiden Name, *Gellan*

7. Mother's Birthplace, *Westminster, Md.*

8. Full Name of Father, *Max R. Baum*

9. Father's Occupation, *Provisions Dept.*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return *G. G. Cook, M.D.*

Address, *Balt. & Wash. Sts.*

Remarks, *Natural*

of the Child of Mother, (state whether 1st, 2d, 3d, etc.)

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 71038

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 21st 1881

4. Place of Birth, (Street and Number) 326 Hanover

5. Full Name of Mother, Mollie Stephens

6. Mother's Maiden Name, Mollie Griffiths

7. Mother's Birthplace, Maryland

8. Full Name of Father, John W. Stephens

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, E. R. Wiley M.D.

Address, 195 West Lombard St

Remarks, The 2nd of twins.

RETURN OF A BIRTH 75039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 21st 1884

4. Place of Birth, (Street and Number)

326 Hanover St

5. Full Name of Mother,

6. Mother's Maiden Name,

Mollie Griffith

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John W. Griffiths

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. K. Wiley M.D.

Address,

195 W. Lombard Street

Remarks,

The first of twins

RETURN OF A BIRTH

75040

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 18 11 1888

4. Place of Birth, (Street and Number)

106 W. Pratt

5. Full Name of Mother,

Ann Phillips

6. Mother's Maiden Name,

Ann Saunders

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Phillips

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

J. K. Wiley M.D.

Address,

195 West Lombard

Remarks,

ascertained the full name of each child (if any) shall have been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the parent or person in charge of the child, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, the parents of such child, or persons who shall be responsible for the same, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 22nd. 1884.

4. Place of Birth, (Street and Number)

No. 172 N. 9th St.

5. Full Name of Mother,

Mollie Burkram

6. Mother's Maiden Name,

Mollie Collins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Burkram

9. Father's Occupation,

Builder

10. Father's Birthplace,

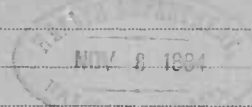
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt.

Address, *185 S. E. cor. Central av. & Monument St.*

Remarks, *All Well*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

September 26th 1884

4. Place of Birth, (Street and Number)

610 W Green St

5. Full Name of Mother,

Isabella Taylor

6. Mother's Maiden Name,

Isabella Buchanan

7. Mother's Birthplace,

New York

8. Full Name of Father,

George Taylor

9. Father's Occupation,

Manufacturer of Shoes

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

J. H. Wiley, M.D.

Address,

195 West Lombard St

Remarks,

any minute shall have been (intercepted). Its sex, color, the full name and occupation of the mother, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, to the Board of Health, in case the child is born at a public institution, or of a practitioner of midwifery, or of a physician, or of a nurse, or of a person who is in the habit of attending on women becoming the duty of the parent or of any person or persons who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 8 10 PM. 1884*

4. Place of Birth, (Street and Number) *111 E. E. Street, Baltimore Md.*

5. Full Name of Mother, *Ida Mary Connelley*

6. Mother's Maiden Name, *Connelley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Connelley*

9. Father's Occupation, *Carriage Maker*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this return

Address, *99 E. Baltimore Street*

Remarks.

RETURN OF A BIRTH *Nov 15*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 1st 1884.

4. Place of Birth; (Street and Number) 78 Leadenhall st.

5. Full Name of Mother, *Barbara C. Stern*

6. Mother's Maiden Name, Barbara C. Gahrn.

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, *Lewis Stein*

9. Father's Occupation: Shoemaker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. *Paulina Weiss*

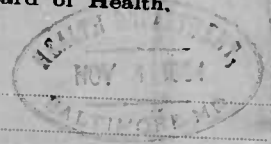
Address, 1 Laur Langford Unit

Remarks, *Continue Hunt*

ascertained the full name of each child (if any child have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the child's schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be reported to the Commissioner of Health by a practitioner of medicine or any other person, the practitioner or other person immediately thereon shall be liable for a fine of not more than ten dollars and any such person who reports its birth in the Commissioner of Health, in the manner and within the period and under the conditions herein provided, shall be exempt from the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct First

4. Place of Birth, (Street and Number)

Penn + Portland

5. Full Name of Mother,

Mena Lullmeyer

6. Mother's Maiden Name,

Mena Backard

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Lullmeyer

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Deutch

Address,

427 Pratt

Remarks,

All right

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Missing 75048-75050

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A B

To the Office of Registrar of Vital Statistics, Board of Health,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Name of Medical Attendant, or other person who makes this Return. *J. E. C.*
Address, *185 S. E. cor Central av. & Monument St.*

Remarks, *All Well*

[illegible]

accepted the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of the birth of any child shall occur on the first day of the month, the practitioner shall deliver the certificate on the first day of the month following its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be liable to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 7 - 1884
4. Place of Birth, (Street and Number) 93 S. Spring St.
5. Full Name of Mother, Johannah Twiner
6. Mother's Maiden Name, Quirk
7. Mother's Birthplace, England
8. Full Name of Father, Charles Twiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary Stein
- Address, 157 E. Pratt St.
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female* NOV 8 1884

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 7th. 1884*

4. Place of Birth, (Street and Number) *No - Wolf St.*

5. Full Name of Mother, *Caroline Young*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Fred. Young*

9. Father's Occupation, *Milk Dairy*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt*

Address, *185 N. Central av. Cor. Monument St.*

Remarks, *All Well*

For each offense to be recovered as other laws and forfeitures are recoverable.

ascertained the full name of each child if any shall have been suffered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, the birth of any child shall occur, and every person who shall be the father, mother, or guardian of such child to report its birth to the Registrar of Health, in the manner and within the period above recited, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 5th 1894*

4. Place of Birth, (Street and Number) *No. 606 W. Balto. ST.*

5. Full Name of Mother, *Elizabeth Wagner*

6. Mother's Maiden Name, *Hammel*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Louis Wagner*

9. Father's Occupation, *Radler*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return, *Wm. A. Des Moines*

Address, *A. E. Co. Columbia Ave. & Greenmount Rd*

Remarks, *Child in good physical condition & living*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 75056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th October 82

4. Place of Birth, (Street and Number)

No 6 Manning Street

5. Full Name of Mother,

Elizabeth Lamp

6. Mother's Maiden Name,

Elizabeth Starke

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Conrad Lamp

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Seebach

Address,

West Pratt Str. No 437

Remarks,

ascertained the full names of each child off any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the parent or parents of such child to be in attendance upon the child, or any other person who shall be in attendance upon the child, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 9 1884*
4. Place of Birth, (Street and Number) *181 N. Gay St*
5. Full Name of Mother, *Elizabeth McCafferty*
6. Mother's Maiden Name, *McIntyre*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John McCafferty*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Friedrich Co. Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Edward P. McDerew*
- Address, *54 Caiswold St*
- Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to comply with the provisions of this section, he shall be liable to a fine of ten dollars for each child to be reported in accordance with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁰⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) NOV 5 1884
3. Date of Birth, October 12th 1884
4. Place of Birth, (Street and Number) 272 Lee St.
5. Full Name of Mother, Elizabeth Gunther
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Julius Gunther
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall, M.D.
- Address, 159 Sharp St
- Remarks, _____

RETURN OF A BIRTH ⁷⁵⁰⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of a law, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above specified, and say such person or persons who shall hereinafter comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered, and as other fines and forfeitures are recoverable.

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father

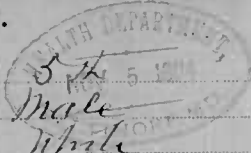
9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Male

White

14 Oct. 1889

44 S. Calhoun

Sarah S. Robinson

3 yrs

W. Virginia

David M. Robinson

Carpenter

Baltimore

John Hood

594 W. Fayette

Physical Condition excellent

71063

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur within the attendance of a physician, or a practitioner then becoming the assistant of the person born, at which place the child shall be born, the said practitioner, in the manner, and at the time, and place, and to the persons, and for the purposes, and under the penalties, and subject to the provisions of the laws, and hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recoverable as other fines and penalties are recoverable.

Handwritten: *black*
Stamp: MAY 5 1962

Male

H. G. G. G.

Oct 14. 11. 5. 4 AM. 1884

2159 Canton St

Amb. Berganya Bachman

W. H. Wright

Boat. City

John B. ...

Police Officer

Balt. Licht

James E. Diminelle M.D.

249 E. Baltimore

Remarks,

Every person, in this State, who is a practitioner in the form of a
parent, the date and place of birth, and the mid schedule shall be delivered, duly signed by the practitioner in the form of a
certificate between the first and third day of each and every month to the Office of the Commissioner of Health, in order to
be a standing upon the register, immediately thereafter it shall become the duty of the practitioner or parents of such child, to
report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH ⁷⁵⁰⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born 15th Inst 19

4. Place of Birth, (Street and Number) Goodman St 97

5. Full Name of Mother, Hanner Schwabland

6. Mother's Maiden Name, Maiden name Hanner Donsine

7. Mother's Birthplace, Mother Born in Ireland

8. Full Name of Father, Father name Conrad Schwabland

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return, Katharine Winters

Address, 1 Loutonfull St

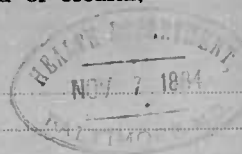
Remarks, Cordian Name

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15
4. Place of Birth, (Street and Number) No 37 Portland St
5. Full Name of Mother, Barbara Schmutes
6. Mother's Maiden Name, Barbara Black
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thermon Schmutes
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Golden State, Germany
- Name of Medical Attendant, Mrs. Katherine C. Pratt
or other Person who makes this Return
- Address, 439 West Pratt Street
- Remarks,

RETURN OF A BIRTH 75068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th

4. Place of Birth, (Street and Number) 385 West Pratt st

5. Full Name of Mother, Kunigunda Hopf

6. Mother's Maiden Name, Kunigunda Fistel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Simon Hopf

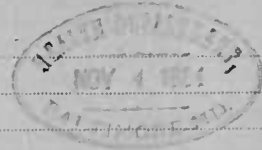
9. Father's Occupation, Boot and Shoe fitter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Deback

Address, West Pratt street

Remarks,



of the parents, and the maiden name of the mother of such child or children.

certificates, between the first and third day of each and every month to the Board of Health. In case the physician, or other person who is authorized to make such certificates, is a practitioner of midwifery, or is a person who is authorized to make such certificates, he shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 15th 1884

4. Place of Birth, (Street and Number) 134 Sterling St.

5. Full Name of Mother, Josephine Suss

6. Mother's Maiden Name, Schmitts

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Suss

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return S. H. Seldner M.D.

Address, S. E. Cor. Eager & Caroline Sts.

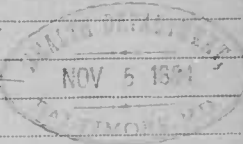
Remarks, _____

parturient, the date and place of birth, and this said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the said schedule shall be completed by the mother, or by the father, or by the nearest relative, or by a person who shall hereafter be appointed by the Board of Health, in the manner and within the period above provided, and any such person for each offence to be recovered, shall be subject to a fine of ten (10) dollars and other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁰⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 Oct
4. Place of Birth, (Street and Number) East St 84
5. Full Name of Mother, Mary Jane James
6. Mother's Maiden Name, Mary Jane Richardson
7. Mother's Birthplace, Balto
8. Full Name of Father, John W James
9. Father's Occupation, Labor
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson
- Address, 5 Forrest St
- Remarks, _____



certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report the birth of the child to the Board of Health, in the manner, and within the time, and under the penalty hereinafter provided. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 19th 1884

4. Place of Birth, (Street and Number)

In the care of 98 Bank St.

5. Full Name of Mother,

Karoline Augusta Kerchner

6. Mother's Maiden Name,

Döffles

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Michael Kerchner

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

S. H. Seldner M.D.

Address,

S. E. Cor. Eager & Caroline Sts.

Remarks,

RETURN OF A BIRTH

75074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

2nd
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 20th 1884

4. Place of Birth, (Street and Number)

No. 3 Deuberg ally, Baltimore

5. Full Name of Mother,

Elisbeth Molman

6. Mother's Maiden Name,

Jessa

7. Mother's Birthplace,

Hanover Germany

8. Full Name of Father,

Herman A. Molman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Hanover Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Seelbach

Address,

Chatt. st. near Fremont W. 439

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should any child be born in the city of Baltimore, the birth of which shall be reported to the Commissioner of Health, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered, other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 21 1884

4. Place of Birth, (Street and Number)

97 Arsignith St

5. Full Name of Mother,

Bertha Neufeld

6. Mother's Maiden Name,

" Model

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leopold Neufeld

9. Father's Occupation,

Sales Stationer Bureau

10. Father's Birthplace,

Harlem, Poland Russian

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address,

54 Arsignith St

Remarks,

any person or persons who shall be guilty of any of the foregoing offenses shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. October 21 1884

4. Place of Birth, (Street and Number) No 735 W. North St

5. Full Name of Mother, Emilia Shami

6. Mother's Maiden Name, Emilia Rutz

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Herman Shami

9. Father's Occupation, Welder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E. Thomas

Address, No 807 Lombard St

Remarks,

RETURN OF A BIRTH

75078

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *21st*

4. Place of Birth, (Street and Number) *Baltimore Scott st 79*

5. Full Name of Mother, *Maggie Arnold*

6. Mother's Maiden Name, *Maggie Yoe*

7. Mother's Birthplace, *Hessendarmstadt*

8. Full Name of Father, *George Yordinard Arnold*

9. Father's Occupation, *Rigger*

10. Father's Birthplace, *Hamburg*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Kath. Seebach*

Address, *West Pratt Str. No 939.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certificates, between the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the parent or parents, or any person or persons who shall be present at the birth, shall be liable to a fine of ten dollars for each child, except in the cases of the births and deaths of still-born children, in the manner, and subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negroes
3. Date of Birth, October 22^d 1889
4. Place of Birth, (Street and Number) 257 Park Avenue
5. Full Name of Mother, Bellie Jones
6. Mother's Maiden Name, Bellie Brown
7. Mother's Birthplace, Berkettsville Frederick Co. Md
8. Full Name of Father, Robert Jones
9. Father's Occupation, Welder
10. Father's Birthplace, St Mary Co. Md
- Name of Medical Attendant, or other Person who makes this Return Hester Holness
- Address, 38 Little Monument Street
- Remarks,

RETURN OF A BIRTH

75081

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

34 & fourth child

1. Sex, (state whether male or female)

2 males (twins)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22 October 1884

4. Place of Birth, (Street and Number)

384 E. Charles Street

5. Full Name of Mother,

Lizzie Sepler

6. Mother's Maiden Name,

Lizzie Koeftich

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Louis Sepler

Father's Occupation,

Cooper

10. Father's Birthplace,

Blanchard, Prussia

Name of Medical Attendant, or other Person who makes this Return

J. F. Reichard

Address,

205 W. Lombard Street

Remarks,

RETURN OF A BIRTH ⁷⁵⁰⁸²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 1884
4. Place of Birth, (Street and Number) Bel Air Ave
5. Full Name of Mother, Elizabeth Beechler
6. Mother's Maiden Name, Thompson
7. Mother's Birthplace, Germany
8. Full Name of Father, Lieutenant Beechler
9. Father's Occupation, Teacher
10. Father's Birthplace, Germany
- Name of Medical Attendant, Dr. Wm. L. Brown
or other Person who makes this Return.
- Address, Cherry Street near Bel Air Ave
- Remarks,

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is licensed by the Board of Health, the person attending the birth of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 23rd 1884

4. Place of Birth, (Street and Number)

305 W. Pratt St.

5. Full Name of Mother,

Pauline Baumbach

6. Mother's Maiden Name,

Lincher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Baumbach

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

S. H. Seldner M.D.

Address,

S. E. Cor. Engle & Caroline Sts.

Remarks,

certified between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child is reported to the Office of the Commissioner of Health, and the mother, immediately thereafter, it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered. Their fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *23rd October 1884*

4. Place of Birth, (Street and Number) *315 Cross St.*

5. Full Name of Mother, *Mary Elizabeth Yable*

6. Mother's Maiden Name, *Becker*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Henry Yable*

9. Father's Occupation, *Coffee Merchant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. James M. Munn*

Address, *1 Lombard St.*

Remarks, *to Munn*

In case the birth of any child shall be reported to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or person who shall thereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered after laws and forfeitures are recovered.

RETURN OF A BIRTH ⁷⁵⁰⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 23 1887
4. Place of Birth, (Street and Number) 206 Preston Street
5. Full Name of Mother, Augusta Ann Lee
6. Mother's Maiden Name, Mathews
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Lee
9. Father's Occupation, porter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs Annie Johnson 184 street
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

75086

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

NOV 5 1884

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23d Oct. 1884

4. Place of Birth, (Street and Number)

84 S. Balto. St.

5. Full Name of Mother,

Elizabeth A. Cleary

6. Mother's Maiden Name,

Lewis

7. Mother's Birthplace,

City

8. Full Name of Father,

William L. Cleary

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this return

E. P. Gross M.D.

Address,

37 S. E. Balto. St.

Remarks,

Full term of gestation, but child very feeble

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall be held responsible for the same. It shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH⁷⁵⁰⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 23, 1884*

4. Place of Birth, (Street and Number) *5 - Annapolis St*

5. Full Name of Mother, *Virginia Mitchell*

6. Mother's Maiden Name, *" Cornell*

7. Mother's Birthplace, *Lawson, Va*

8. Full Name of Father, *George Washington Mitchell*

9. Father's Occupation, *Truckman*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *Edwin M. Davis*

Address, *524 Annapolis St*

Remarks,

75088 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Oct 24/84*

4. Place of Birth (Street and Number) *36 Fredst Ave*

5. Full Name of Mother *Annie Catherine Graham*

6. Mother's Maiden Name *Seiwington*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Jos Edw^d Graham*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *C. C. McDowell M.D.*

Address *642 W. Fayette St*

Remarks



Write in ink any alterations, stating distinctly the date of birth, sex, and number of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 Oct. 1884*
4. Place of Birth (Street and Number) *117 N. Euter St*
5. Full Name of Mother *Elizabeth Gashmeyer*
6. Mother's Maiden Name *Rosendale*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Edward Joseph Gashmeyer*
9. Father's Occupation *Clk.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Francis J. Sauer M.D.*
- Address *105 N. Central Ave.*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

70090

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
Father's Birthplace,
Name of Medical Attendant,
Address.
Remarks.

of the parents, and the maiden name of the mother of such child or children.

20
Male
White
Oct 24 1884
Emma Lincoln
Hall
Randall Hill Avenue
Maryland
Clerk
New York
Marbury Brewer did
of McCulloch & Co.



TOLSON & CO., CITY PRINTERS AND STATISTICAL

RETURN OF A BIRTH

75090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 24 1884

4. Place of Birth, (Street and Number)

65 Druid Hill Avenue

5. Full Name of Mother,

Emma Lincoln

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

Randall Lincoln

9. Father's Occupation,

Clerk

Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewer M.D.

Address,

68 McEulloch St.

Remarks,

verdict, between the first and third day of each and every month, to the board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by a person who is not a member of the board of Health, the person so attending shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd. Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 24th 1884*

4. Place of Birth, (Street and Number) *143 Townsend St.*

5. Full Name of Mother, *Emily Snyder*

6. Mother's Maiden Name, *Emily Reinhardt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mr. Louis Snyder*

9. Father's Occupation, *Commission Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *James E. Driscoll M.D.*

Address, *299 E. Baltimore St.*

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, the person so attending shall then become the person responsible for the accuracy of the information furnished, and shall be liable to the same penalties as are imposed upon the physician, or practitioner of midwifery, or nurse, or person authorized by the Board of Health, in the event of his failing to comply with the provisions of this act. The provisions of this act shall not apply to illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 24th 1882*

4. Place of Birth, (Street and Number) *405 South*

5. Full Name of Mother, *John Edmund Clarke*

6. Mother's Maiden Name, *John Edmund*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *George Clarke*

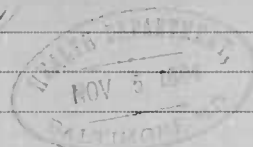
9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return

Address, *299 E. Baltimore St.*

Remarks,



Every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required, and any such person failing to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH⁷⁵⁰⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, October 24

4. Place of Birth, (Street and Number) No. 29 Weymouth St.

5. Full Name of Mother, Sarah Vaulle

6. Mother's Maiden Name, Bloom.

7. Mother's Birthplace, Balto. County.

8. Full Name of Father, Charles Vaulle.

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Edgerly, M.D.

Address, Dr. Columbia Ave. & Fremont St.

Remarks, Child in good physical condition, & living

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Female
White
October 2^d 1884
675 North St
Julia W. Parks
" " "
Baltimore
Levin S. Parks
Book Maker
Baltimore
Theodore C. W. D.
146 Waverly St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 25. 84.

4. Place of Birth, (Street and Number)

Ramsay Str. No. 2

5. Full Name of Mother,

Mary Bell

6. Mother's Maiden Name,

Mayonsval

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John Bell

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes the Return.

Mrs. Heph. Seebach

Address,

West Pratt Str. No. 439.

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, and the duty of the person or persons of such child, to the Registrar of Vital Statistics, Baltimore City, shall be performed, and the fee of ten (10) dollars shall be paid to the Registrar of Vital Statistics, Baltimore City, for each offence to be recovered.

75096

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (\$10) dollars for each offence to be recovered in other cases and forfeitures are recoverable.

Remarks, *Call*

RETURN OF A BIRTH 75098

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 26, 04

4. Place of Birth, (Street and Number)

252 E. Ball's Street

5. Full Name of Mother,

Sarah Schneebarger

6. Mother's Maiden Name,

Sarah Mustamm

7. Mother's Birthplace,

New York

8. Full Name of Father,

Henry W. Schneebarger

9. Father's Occupation,

Minister

Father's Birthplace,

New York

Name of Medical Attendant, or other Person who make this Return

A. Friedman, M.D.

Address,

88 N. Eustaw Street

Remarks,

of the parents, and the maiden name of the mother of such child or children,

75099
H

[illegible]

Best

W. H. Allen

2 White

October 26th 1881

265 N. Cedar St

Erlebe das Höhere

W. L. L.

Ch...

Vol. 1

21

Samuel
P.

S. H. Selden. H. C. H.

Sd. Cor. Oager - Caroline St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the filing of a certificate, the person who shall be held responsible for the failure to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be held responsible as herein provided, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-1-19

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3 child

Female

White

26 October

191 South Chester

Winnie (Foster) Turner

Winnie Murdock

Baltimore

Nicholas H. (Hester) Turner

Car. Maker

Baltimore

193 South Chester

Mrs E Elizabeth Gray

Health of child

RETURN OF A BIRTH

7502

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 28

4. Place of Birth, (Street and Number)

2014 Ave

5. Full Name of Mother,

An. Hausmann

6. Mother's Maiden Name,

Agnes Person

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Hausmann

9. Father's Occupation,

Booker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Dr. L. B. Brown

Address,

2314 Ave

Remarks,

RETURN OF A BIRTH.

75103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 27

4. Place of Birth (Street and Number)

190 N. Bond St

5. Full Name of Mother

Eliza L. Patterson

6. Mother's Maiden Name

Eliza L. Horney

7. Mother's Birthplace

Near Easton Md

8. Full Name of Father

Isaac Patterson

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas E Price

Address

321 E. Monument St

Remarks



75102

certification, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the father or parents of such child to report its birth to the Board of Health, in the manner, and within this period, as shall be prescribed by the Board of Health. Any physician, midwife, or any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered, at other times and penalties, as are govern-able.

~~5~~ 5th

100

White

Oct 27th - Self NOV 9 1894

33 N Amity

Jane A. Dignan

Paul A. McK. Gordon

J. P. Baltimore City

Lamy, Ignace

Hack Drivers

Balto City

Margaret Burns

No 151 Dover St

0

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of Midwifery, or should no other person be present, the duty of the person or persons of such child, to report its birth to the Commissioner of Health, shall be incumbent upon them, and they shall be liable to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵¹⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1931 George William Geary*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *Oct 27 1894*

4. Place of Birth, (Street and Number) *Baltimore No. 1 Washington St.*

5. Full Name of Mother, *Mrs Geary Mary Griffin*

6. Mother's Maiden Name, *Mary Griffin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Geary*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*

Address, *2140 Bayview St*

Remarks,

In case the physician or practitioner of midwifery, or should any other person be to attendance upon the mother, immediately thereafter it shall be his duty to supply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 27. 1884*
4. Place of Birth, (Street and Number) *511 Saratoga St*
5. Full Name of Mother, *Salia Garbin*
6. Mother's Maiden Name, *Salia Obrian*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *James Garbin*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return, *B. H. Herman M.D.*
- Address, *No 175 N Carey St*
- Remarks,

RETURN OF A BIRTH.

75107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Oct 27*

4. Place of Birth (Street and Number) *259 Hughes Street*

5. Full Name of Mother *Annie Marshall*

6. Mother's Maiden Name *Anne Thompson*

7. Mother's Birthplace *Northampton County Virginia*

8. Full Name of Father *Thomas Marshall*

9. Father's Occupation *Sealor man*

10. Father's Birthplace *Fluorinoid*

Name of Medical Attendant, or other Person who makes this Return

Address *No 224 Hughes St*

Remarks

Geah Tash

certificates between the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the person who shall have been present at the birth, or who shall have been present at the birth, shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 27 of October

4. Place of Birth, (Street and Number) 273 E. Gough st.

5. Full Name of Mother, Mary Stett

6. Mother's Maiden Name, Mary Butcher

7. Mother's Birthplace, Germany

8. Full Name of Father, John K. Stett

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. 193 South 6 Street

Address, Mrs. Elizabeth

Remarks, Health of child

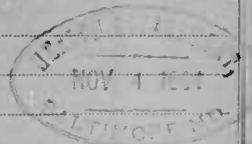


certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, as the case may be, to cause a certificate of birth to be made and filed in the Office of the Commissioner of Health, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 Oct.
4. Place of Birth, (Street and Number) No 40 N. Spring St.
5. Full Name of Mother, Barbara Ramming
6. Mother's Maiden Name, Pistol
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Adam Ramming
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Ulbrich
- Address, 48 Holland St. Balt
- Remarks,



certificates between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period and under the penalty herein provided for, for each offense to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

NOV 5 1885

male

Codrus

Oct 21st 1885

467 Eastern street

Rachel Cross

Hyattsville

Greenwood m d

Thomas Cross

Cookman

Greenwood m d

Greenwood m d

John J. Johnson

94 Tyson street

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28/84

4. Place of Birth (Street and Number)

883 W. Fayette St

5. Full Name of Mother

Ethel Zuell Goodman

6. Mother's Maiden Name

Goldsmith

7. Mother's Birthplace

Warsaw - Russia

8. Full Name of Father

Isaac Goodman

9. Father's Occupation

Merchant

10. Father's Birthplace

Poland

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M.D.

Address

642 W. Fayette St

Remarks

without any delay, making immediately to date of birth, sex, and date of birth, and residence of the child, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

6th

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 28. 1884*

4. Place of Birth, (Street and Number) *225 W. Lammale St.*

5. Full Name of Mother, *Janny L. Harkell.*

6. Mother's Maiden Name, *McAbie*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *James L. Harkell.*

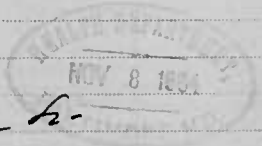
9. Father's Occupation, *is W. M. Rail Road Service*

10. Father's Birthplace, *Buck. County*

Name of Medical Attendant, or other Person who makes this Return *Marbury Pruett M.D.*

Address, *68 W. Bullish St.*

Remarks,



RETURN OF A BIRTH

75113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male* 6th

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 25th*

4. Place of Birth, (Street and Number) *124. N. Fulton*

5. Full Name of Mother, *Mary Edeline*

6. Mother's Maiden Name, *Mary Hunter*

7. Mother's Birthplace, *Prince George Co.*

8. Full Name of Father, *Isaac Edeline*

9. Father's Occupation, *Clk.*

10. Father's Birthplace, *P. Geo. Co.*

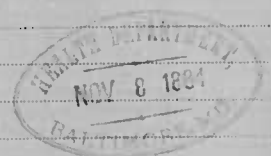
Name of Medical Attendant, or other Person who makes this Return

Norman F Hill M.D.

Address

17. N. Calhoun St.

Remarks



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth of her child, to the Registrar of Vital Statistics, within the period also provided, and if she fails to do so, she shall be liable to a fine of ten (10) dollars for each offence to be recovered by the Registrar, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 28th

4. Place of Birth, (Street and Number)

51 South Caroline St

5. Full Name of Mother,

Jennie Hall

6. Mother's Maiden Name,

" Hoskins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hall

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

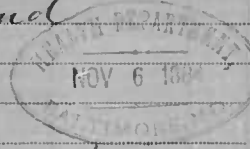
Name of Medical Attendant, or other Person who makes this Return.

Dr. Goetzke

Address,

55 E. Bond St

Remarks,



Birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately before, then, shall immediately thereafter, in the manner and within the period above required, and an affidavit, to be sworn to by the physician or practitioner of midwifery, or other person who shall be present at the birth, be filed for record in the office of the Registrar of Vital Statistics, for each office to be reviewed by the Registrar of Vital Statistics, and other duties and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁷¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored NOV 5 1881
3. Date of Birth, Oct 28
4. Place of Birth, (Street and Number) Baltimore 24 Chestnut
5. Full Name of Mother, Priscilla Ford
6. Mother's Maiden Name, Priscilla Bass
7. Mother's Birthplace, Pelletsburg va
8. Full Name of Father, John Ford
9. Father's Occupation, Stewart
10. Father's Birthplace, Middlesex county va
- Name of Medical Attendant, or other Person who makes this Return, Harriet
- Address, Spokane
- Remarks, _____

birth of any child shall occur without the attendance of a Physician or Practitioner of mid-wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

75716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 28th 1884

4. Place of Birth, (Street and Number)

444 W. Fayette St.

5. Full Name of Mother,

Elizabeth Nitsch

6. Mother's Maiden Name,

Jacobi

7. Mother's Birthplace,

New York, N. Y.

8. Full Name of Father,

Edward Nitsch

9. Father's Occupation,

Tobaccoist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Gall, M.D.

Address,

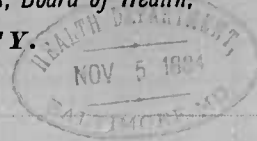
152 Sharp St.

Remarks,

RETURN OF A BIRTH.

75717

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Irish*
3. Date of Birth *Oct. 28th 1884*
4. Place of Birth (Street and Number) *No. 710 W. Baltimore St.*
5. Full Name of Mother *Mary Cadogan*
6. Mother's Maiden Name *Mary Singleton*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Cadogan*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner*
- Address *120 N. Greene St.*
- Remarks

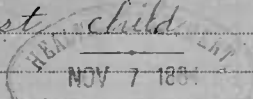
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

7118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 24th*
4. Place of Birth, (Street and Number) *home ransester 160*
5. Full Name of Mother, *Maggie Blanch Thompson*
6. Mother's Maiden Name, *Maggie B. Suffran*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *John Wesley Thompson*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *richmond va*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Pange*
- Address, *4160 ranney street*
- Remarks,



Every person who is a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, shall be bound to report the birth of a child to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be reported shall be liable to a fine of ten dollars, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵¹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October 29 - 84 -
4. Place of Birth, (Street and Number) 205-Sharp St.
5. Full Name of Mother, Susan Trimble
6. Mother's Maiden Name, Leutner
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. M. Trimble
9. Father's Occupation, Shoe Fitter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, R. J. N. Tall. M.D.
- Address, 152 Sharp St.
- Remarks, _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct-30th

4. Place of Birth (Street and Number)

176 Orleans St

5. Full Name of Mother

John M. Segg

6. Mother's Maiden Name

John M. Stewart

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John E. Segg

9. Father's Occupation

Keeping feed store

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. E. Price

Address

321 East Monument St

Remarks

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/122}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 30th 1884

4. Place of Birth, (Street and Number) 173 S. Charles St.

5. Full Name of Mother, Amelia Dellinger

6. Mother's Maiden Name, " Druxell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Dellinger

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theodore Cooper M.D.

Address, 146 Hammond St.

Remarks, _____

In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother or of any other person who reports the birth to the Commissioner of Health to comply with the provisions of this section, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th of October*
4. Place of Birth, (Street and Number) *N^o 11 Campbell St.*
5. Full Name of Mother, *Mary Helcher*
6. Mother's Maiden Name, *Mary Barou*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *William C. Helcher*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return, *Annie Range*
Address,
Remarks,

RETURN OF A BIRTH

75124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 30 1884

4. Place of Birth, (Street and Number) 402 Canton Avenue

5. Full Name of Mother, Margaret Herget

6. Mother's Maiden Name, Margaret Dingles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Anton Herget

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Conner 171

Address, Pratterson Park Avenue

Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

certification, between the first and third day of each and every month, or of a peritoner of midwifery, or of a physician, or of a nurse, or of a person who is in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report its birth to the Board of Health, in the manner and within the period above specified, and to file a true and correct copy of the same with the provisions of this act, and to be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 30. 1884

4. Place of Birth, (Street and Number) 125 St Paul St.

5. Full Name of Mother, Glorance D. French

6. Mother's Maiden Name, Holland

7. Mother's Birthplace, Manchester Virginia

8. Full Name of Father, John C. French

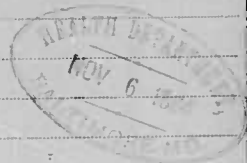
9. Father's Occupation, Lawyer

10. Father's Birthplace, Manchester Virginia

Name of Medical Attendant, or other Person who makes this Return J. St. Louis

Address, 77 W. Centre St.

Remarks,



RETURN OF A BIRTH ⁷⁵¹²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Celton*
3. Date of Birth, *Oct 30th 1884*
4. Place of Birth, (Street and Number) *13 Rorick St*
5. Full Name of Mother, *Rose Dorsey*
6. Mother's Maiden Name, *Rose Edman*
7. Mother's Birthplace, *Wash Dc*
8. Full Name of Father, *William Dorsey*
9. Father's Occupation, *Laborm*
10. Father's Birthplace, *Monkberry Co Mo*
- Name of Medical Attendant, or other Person who makes this Return. *Jane Gooden*
- Address, *(Midwife) 16 Rorick St*
- Remarks,

birth of any child shall occur without the attendance of a physician, or practitioner of medicine, or of a nurse, or of a midwife, or of a person or persons authorized by law to attend upon the mother, immediately thereafter it shall be the duty of the person or persons so attending upon the mother, to make and sign a return of the birth of such child, to the Registrar of Vital Statistics, within the time and in the manner and within the period and within the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered.

Birth of a child should occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, immediately thereafter, it shall then become the duty of the parent or parents of such child to secure the attendance of a physician, or of a practitioner of midwifery, or of a nurse, and if they fail to do so, they shall be liable to a fine of not more than ten dollars, and such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30th, 1884

4. Place of Birth, (Street and Number)

69 S. Castle St

5. Full Name of Mother,

Jessie Bell

6. Mother's Maiden Name,

Wichel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Bell

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M. D.

Address,

S. O. Co. Crager & Caroline St.

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or other person, who shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

7/129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 30 1884

4. Place of Birth, (Street and Number)

79 S. High St.

5. Full Name of Mother,

Margaret Plett

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Plett

9. Father's Occupation,

Reporter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mary Stein

Address,

151 E Pratt St.

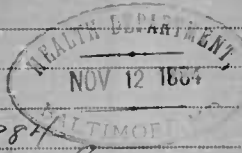
Remarks,

Every child shall be reported to the Registrar of Births and Deaths by the mother, immediately after its birth, and any person who fails to do so shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH ⁷⁵¹³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October the 30th 1884
4. Place of Birth, (Street and Number) 404 Lexington Street
5. Full Name of Mother, Maria Francke
6. Mother's Maiden Name, Maria Kun
7. Mother's Birthplace, Zwieselers, Hessen Germania
8. Full Name of Father, Julius August Francke
9. Father's Occupation, Leather Dealer
10. Father's Birthplace, Wittenhausen Prov. Sachsen Germania
- Name of Medical Attendant, or other Person who makes this Return, Wm. Sumner
- Address, 60 North Schroeder St.
- Remarks, _____



RETURN OF A BIRTH 75131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct-31-18

4. Place of Birth, (Street and Number) 84 Pine St

5. Full Name of Mother, Mrs. Mary Bolter

6. Mother's Maiden Name, " Schmitt

7. Mother's Birthplace, Mo.

8. Full Name of Father, Wm. H. Bolter

9. Father's Occupation, Musician

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return H. H. Hill M.D.

Address, 213 E. Calver

Remarks,

RETURN OF A BIRTH.

7/132

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first.*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *31st October 1884.*
4. Place of Birth (Street and Number) *116 north Gilman Street.*
5. Full Name of Mother *Christina Heede.*
6. Mother's Maiden Name *Meyer.*
7. Mother's Birthplace *Herronsville. Kings and Queen County, S. Virginia.*
8. Full Name of Father *Hans. L. Heede.*
9. Father's Occupation *Upholsterer.*
10. Father's Birthplace *Berlin. Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. W. Bush.*
- Address *409 N. Stricker*
- Remarks *Thriving*

condition, whether still born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Birth of any child shall occur without the attendance of a physician or person of skill, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31 1883

4. Place of Birth, (Street and Number)

Port St. No. 72

5. Full Name of Mother,

Louis Rich

6. Mother's Maiden Name,

Lipp Hammon

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Rich

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

21 N. Carrollton St.

Remarks,

RETURN OF A BIRTH

75134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 31 1884

4. Place of Birth, (Street and Number) 129 South St.

5. Full Name of Mother, Francis Jane Forrest

6. Mother's Maiden Name, Coleman

7. Mother's Birthplace, city

8. Full Name of Father, Elias Cole Forrest

9. Father's Occupation, Sash Maker

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return E. P. Ross M.D.

Address. 375 E. Balto. St.

Remarks, Healthy Child

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or midwife, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of the child to the Office of the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁷³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct. 31 - 1889*
4. Place of Birth, (Street and Number) *No. 194 West St*
5. Full Name of Mother, *Mary Gehring*
6. Mother's Maiden Name, *Loew*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Gehring*
9. Father's Occupation, *Broker and Merchant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *J. Schoasser midwife*
- Address, *330 Hanover St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct. 31 - 1884

4. Place of Birth, (Street and Number) 209 S. Register

5. Full Name of Mother, Mary Turel

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Baltimore;

8. Full Name of Father, Charles Turel

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St.

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered in any other lines and forfeitures are recoverable.

75737

6

HEALTH DEPARTMENT
NOV 12 1884
BALTIMORE

- birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any person be in attendance upon the mother, immediately thereafter it shall then become the duty of the person so present to report the occurrence of such birth, in the manner, and within the period already specified, except in the case of the birth and delivery of a still-born child, to the nearest police station, and to the nearest medical officer of health, and the person so failing to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

75128

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th First by this Marriage
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race)
 3. Date of Birth 13 Oct 1884
 4. Place of Birth (Street and Number) 315 Mulberry St
 5. Full Name of Mother Annie Allard
 6. Mother's Maiden Name " Martin
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father Thomas B. Allard
 9. Father's Occupation Painter
 10. Father's Birthplace Baltimore City
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. Thomas M.D.
 Address 66 E Baltimore St
 Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7139

birth of any child shall occur without the attendance of a physician, or of a practitioner of naturopathy or of any person lawfully qualified to practice medicine, who shall thereupon file with the health officer a certificate of birth in the manner, and within the period therein required, except in the case of the births and deaths of illegitimate children, and in the case of any child born hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than twenty dollars for each offense, to be recovered as other fines and penalties are recoverable.

The 2 Child

Reynolds

Arch. Rec.

15 of Octob.

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Am. City

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and Pitt.

August 11

South Side
P. 1.

Mr. Dummer, Attorney

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CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th 1884

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 28th 1884

4. Place of Birth, (Street and Number)

537 Herford Ave

5. Full Name of Mother,

Alie Livingston

6. Mother's Maiden Name,

Pearson

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Geo. W. Livingston

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Balt

Name of Medical Attendant,

or other Person who makes this Return

W. B. Billingslee

Address,

228 E. Parkton St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Sex, (state whether male or female) *3rd*

2. Race or Color, (if not of the white race) *Female*

3. Date of Birth, *Oct. 29, 1884*

4. Place of Birth, (Street and Number) *177 N. Chester St*

5. Full Name of Mother, *Jessie Schultz*

6. Mother's Maiden Name, *" Koenig*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Schultz*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Dr. St. Thomas, M.D.*

Address *66 E Baltimore St*

Remarks

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, or who has become the duty of the parent or parents to report its birth to the Board of Health, in the case of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Friday Sept 6th 84*

4. Place of Birth, (Street and Number) *Bolton St. Extended*

5. Full Name of Mother, *Helen F. Warner*

6. Mother's Maiden Name, *Helen F. Warner*

7. Mother's Birthplace, *Balte. Md*

8. Full Name of Father, *Andrew L. Warner*

9. Father's Occupation, *Jeweller*

10. Father's Birthplace, *Balte. Md*

Name of Medical Attendant, or other Person who makes this Return *Wilmer Brinton M.D.*

Address, *Forest Row & Char St*

Remarks,

any person who shall neglect or refuse to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 17 1864*

4. Place of Birth, (Street and Number) *82 E Eager St.*

5. Full Name of Mother, *Mary McDonald*

6. Mother's Maiden Name, *Mary Steeger*

7. Mother's Birthplace, *York Pa*

8. Full Name of Father, *H. H. McDonald*

9. Father's Occupation, *Employer of N. C. & D. R.,*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other Person who makes this Return *Wilmer Brinton M.D.*

Address, *Forrest Place & Chas St.*

Remarks,



7545

[illegible]

184.

Mald...

white

September 16th 84

1 Biddle St

Maggie Lyon Blaney

Maggi Reav.

Belle Co. Md.

Samuel Blane

Employees N. & R.R.

Batte ind.

Wiener Bunte, Md

Stewart Place & Chas. St.

Remarks, 10000 0000

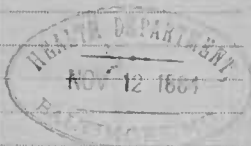


RETURN OF A BIRTH.

75746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept. 20th 1884*
4. Place of Birth (Street and Number) *157 John St.*
5. Full Name of Mother *Mary Grace Hogendorf*
6. Mother's Maiden Name *Black*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Chas. Hogendorf*
9. Father's Occupation *Supr. Coal Putnam Co.*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *E. Ridgely Bain M. D.*
Address *142 Bochn St.*
Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Sept. 27th 1884

4. Place of Birth, (Street and Number)

87 P. St.

5. Full Name of Mother.

Lavinia Gladys

6. Mother's Maiden Name,

Edel

7. Mother's Birthplace,

Baltimore (Md.)

8. Full Name of Father,

John Gladys

9. Father's Occupation,

Cooper Maker

10. Father's Birthplace,

Baltimore (Md.)

Name of Medical Attendant, or other Person who makes this Return

M. C. Billing

Address,

228 E. Preston St.

Remarks.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the officer, provided for by the laws of this city, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recovered, and to be subject to recovery.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Saturday Sept 27th 84

4. Place of Birth, (Street and Number)

78 Watson St

5. Full Name of Mother,

Rose Piser

6. Mother's Maiden Name,

Rose Muehan

7. Mother's Birthplace,

Long Island N.Y.

8. Full Name of Father,

Harry Piser

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wilmon Brinton M.D.

Address,

Front Place & Chase St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Irene M. Wingard - 3rd

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, *July 17th 1884*

4. Place of Birth, (Street and Number) *N.W. Central Ave & Hoffman*

5. Full Name of Mother, *Jennie N. Wingard*

6. Mother's Maiden Name, *Robertson*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *A. C. Wingard*

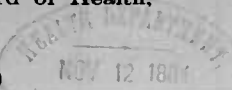
9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. B. Billingslee*

Address, *256 E. Preston St*

Remarks,



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 28th 1884*

4. Place of Birth, (Street and Number) *255 E. Preston St.*

5. Full Name of Mother, *Ethie H. Billingsley*

6. Mother's Maiden Name, *Gilbert*

7. Mother's Birthplace, *Verm.*

8. Full Name of Father, *M. B. Billingsley*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *M. B. Billingsley*

Address, *255 E. Preston*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)

state whether Male or Female

Color (if not of the white race)

of Birth

Place of Birth (Street and Number)

Name of Mother

Mother's Maiden Name

Birthplace

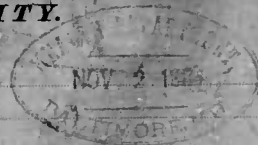
Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address



November 1st 1881

No. 52 Short St.

Ella J. Halibaugh.

Ella J. Riley.

Chesapeake S. C.

George W. Halibaugh.

Moulder.

Little York Pa

J. Ridgway Andre M.D.

No 121 E Baltimore St

in, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without compliance with the provisions of this section, the person or persons who shall be responsible for such failure to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so liable to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

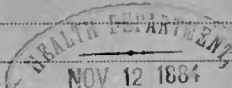
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
White
First of November
Baltimore N. 40 Line 1
Mrs. Annie H. Hannon
Annie Hannon
Solomon Island
Mr. Herman Hannon
Carpenter
Baltimore Md
Mr. Annie G. Dumble
cc North Schuaker St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1st 1884

4. Place of Birth, (Street and Number) No 39 Fulton St

5. Full Name of Mother, Ellen Connelley

6. Mother's Maiden Name, Ellen McDonnell

7. Mother's Birthplace, New York Ct

8. Full Name of Father, Joseph Connelley

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, E. J. Turner
or other Person who makes this Return

Address, No 329 Lombard St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall their license, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time prescribed by law, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Nov 1 1884*

4. Place of Birth, (Street and Number) *No 11 Brewer Street*

5. Full Name of Mother, *Martha Banard.*

6. Mother's Maiden Name, *Martha Blake*

7. Mother's Birthplace, *Annerandel County*

8. Full Name of Father, *Loyed Banard*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Annerandel County*

Name of Medical Attendant, or other Person who makes this Return *Marian Mason*

Address, *37 Walnut alley.*

Remarks

RETURN OF A BIRTH 71156

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 1, 1884

4. Place of Birth, (Street and Number) No 39 Dentins alk

5. Full Name of Mother, Delia Gumpson

6. Mother's Maiden Name, Delia Gumpson

7. Mother's Birthplace, E. Astor, Mass

8. Full Name of Father, John W. Simpson

9. Father's Occupation, Oyster Spicker

10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, No 24 E. 11th St

Remarks,

By the Registrar, and the Assistant, and the Registrar of the mother of each child or children.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or of a nurse, or of any other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Registrar of Vital Statistics, in the manner and within the period above prescribed, and to pay the fee of ten (10) dollars for each child so reported, and in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Nov. 1st

4. Place of Birth, (Street and Number)

138 East Lombard St

5. Full Name of Mother,

Rosa Bashmyer

6. Mother's Maiden Name,

" Fierman

7. Mother's Birthplace,

Balt

8. Full Name of Father,

William Bashmyer

9. Father's Occupation,

Livery Keeper

10. Father's Birthplace,

Baltimore

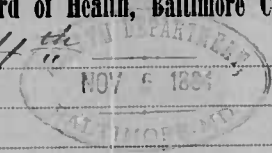
Name of Medical Attendant, or other Person who makes this Return.

Mrs Goetzke

Address,

55 E. Bond St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 1st

4. Place of Birth, (Street and Number)

205 S. Washington St

5. Full Name of Mother,

Augusta Hoskins

6. Mother's Maiden Name,

" Peters

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hoskins

9. Father's Occupation,

Driver of Gas Cart

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

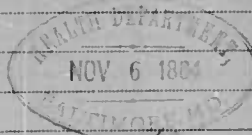
or other Person who makes this Return.

Mrs Goetzke

Address,

58 S. Bond St

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of any other person, or without the attendance of a nurse, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, within the time specified in the provisions of this section, and for each offence to be recorded as other dues and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and any other fine and forfeiture are recoverable.

RETURN OF A BIRTH 7/11/19

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

GIVEN NAME ADDED 16-25-49 75161
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: James Gibbons Flaherty

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Novemb 1/8/11

4. Place of Birth (Street and Number)

249 Bank St

5. Full Name of Mother

Wate Flaherty

6. Mother's Maiden Name

7. Mother's Birthplace

Virginia

8. Full Name of Father

Peter J. Flaherty

9. Father's Occupation

Coal Merchant

10. Father's Birthplace

City of Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. C. Brown

Address

276 N. Fayette St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st November*
4. Place of Birth (Street and Number) *121 Broadway St. Camden*
5. Full Name of Mother *Martha Anderson*
6. Mother's Maiden Name *Martha G. Anderson*
7. Mother's Birthplace *London England*
8. Full Name of Father *Andrew H. Anderson*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Denmark*
- Name of Medical Attendant, or other Person who makes this return *Stephen G. Gordin*
- Address *118 Broadway St. Camden*
- Remarks

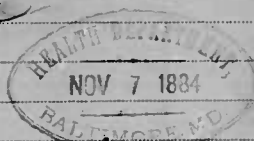
the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, and no other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 1, 1884*
4. Place of Birth, (Street and Number) *41 Gorkin St Locust Point*
5. Full Name of Mother, *Mary Jane Norman Gloman*
6. Mother's Maiden Name, *Mary Jane Norman*
7. Mother's Birthplace, *Locust Point Balto. Ind*
8. Full Name of Father, *Patrick Gloman*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Maggie Gott*
- Address, _____
- Remarks, _____



When the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the person who shall have been present at the birth of the child, or any other person who shall have been present at the birth of the child, or any other person who shall have been present at the birth of the child, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75164
Male
NOV 8 1884

White

November 7th 1884

#3 Green's Court

Margaret A. Martin

Margaret A. Roberts

Baltimore

Edward Nelson Martin

Labour.

Baltimore

Mrs M. A. Cottrell

828 Waverly Ave

RETURN OF A BIRTH, 75165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth the 1st

4. Place of Birth, (Street and Number) Baltimore No. 28 St. Bethel

5. Full Name of Mother Malice B. Anderson

6. Mother's Maiden Name Melba Tull

7. Mother's Birthplace Christfield Md

8. Full Name of Father William T. Anderson

9. Father's Occupation Laborer

Father's Birthplace Christfield Md

Name of Medical Attendant, or other Person who makes this Return. Hedonia Stewart

Address No 19 St Bethel annapolis harbor

Remarks maroon

name of the mother of such child or children.

RETURN OF A BIRTH

75167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 2 1884

4. Place of Birth, (Street and Number)

Prabody av

5. Full Name of Mother,

Josephine Magnus

6. Mother's Maiden Name,

Josephine M. Alexe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Magnus

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Bruns

Address,

Orster Street near P. & O. av

Remarks,

Baltimore Md.

746

birth of any child shall require the attendance of a physician, or of a registered nurse, or of a nurse, or of a midwife, or of a person who has been trained in the art of attending upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to cause the child to be brought to the place of birth to the health, in the manner, and within the period above required, except in the cases of the birth and death of a stillborn infant, and of any person or persons whose names and addresses are on file in the office of the health officer, to be recovered as other laws and regulations may require.

Ure Child

Kennell

Colored Race

Nov 2 1884

255 Ocean St

Mario Lucini

Marie Hooker

Quarter Three

Elisbeth Jussé

9. 10. 1941

Revised 11/6

4 minutes 9/5/1911

Lucy, 11/11/11
131/10/11

D STATIONARY.

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore, and the said person or persons shall be liable to the same.

RETURN OF A BIRTH ⁷⁵¹⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2nd

4. Place of Birth, (Street and Number) 41 North Washington St

5. Full Name of Mother, Mary Foster

6. Mother's Maiden Name, " Feldman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Foster

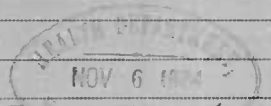
9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr Goetzke

Address, 55 S Bond St

Remarks,



RETURN OF A BIRTH 75170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) (6th) Sixth

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, November 2nd 1884.

5. Place of Birth, (Street and Number) 911. W. Pratt St

6. Full Name of Mother, Rebecca Scholitzky

7. Mother's Maiden Name, " Lohman

8. Mother's Birthplace, Baltimore City, Md

9. Full Name of Father, John Scholitzky

10. Father's Occupation, Ice Wood Coal Dealer

11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return J. B. Harrison

Address, 23. W. Green St

Remarks: not quite 7 months. Mother was injured accidentally and in 2 months has been threatened with miscarriage.

RETURN OF A BIRTH 75771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 2d*

4. Place of Birth, (Street and Number) *348 N. Fulton*

5. Full Name of Mother, *Laura Harris*

6. Mother's Maiden Name, *Laura Rudder*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *Peter Harris*

9. Father's Occupation, *Gas. Fitter*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who
makes this return

Address

Remarks

Amman F Hill M.D.
17 N. Calhoun St.



RETURN OF A BIRTH.

75172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

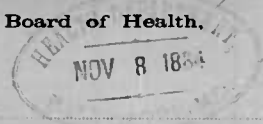
NOV 8 1894

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November the second 1894*
4. Place of Birth (Street and Number) *No 31 South Eustad St*
5. Full Name of Mother *Annia E. Denkin*
6. Mother's Maiden Name *Annia E. Blake*
7. Mother's Birthplace *Harrisburg Pa*
8. Full Name of Father *Charles Denkin*
9. Father's Occupation *Liver Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ann Emily Ball*
- Address *No 171 South Eustad St*
- Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 7117 3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2nd

4. Place of Birth, (Street and Number) 15-27 Fremont St -

5. Full Name of Mother, Mrs. Chas S. Hough

6. Mother's Maiden Name, Barbara Michm

7. Mother's Birthplace, Md

8. Full Name of Father, Chas S. Hough

9. Father's Occupation, Druggist

● Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, H. Hill M.D.

Address, 23 Edmondson Ave

Remarks,

From of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in other person be in at (indicated upon the mother, immediately thereafter, it shall then become the duty of the physician, or practitioner of midwifery, to attend to the child, and to report the birth, and the name of the child, to the Registrar of Vital Statistics, within the period above prescribed, except in the cases of the birth and death of a child, in which case the provisions of this section shall be subject to a fine of ten dollars, which offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 2^d*

4. Place of Birth, (Street and Number) *Lowest Point Hull St. No. 15.*

5. Full Name of Mother, *Wagzie Buckley*

6. Mother's Maiden Name, *Wagzie Foley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Dan Buckley*

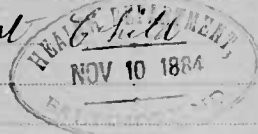
9. Father's Occupation, *Labor*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Lizzie Sheffler*

Address, *Lizzie Sheffler Lowest Point Fort Ave.*

Remarks,



certificates, between the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, midwife, or other person, or if the parent or parents of such child to report, its birth to the Board of Health, in the manner, and within the time, prescribed by the Board of Health, and the penalty for failure to do so shall be as follows: In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, or if the parent or parents of such child to report, its birth to the Board of Health, in the manner, and within the time, prescribed by the Board of Health, and the penalty for failure to do so shall be as follows: In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, or if the parent or parents of such child to report, its birth to the Board of Health, in the manner, and within the time, prescribed by the Board of Health, and the penalty for failure to do so shall be as follows:

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 3rd, 1890 A.M.

4. Place of Birth, (Street and Number) 106 E. Baltimore St.

5. Full Name of Mother, Maria Spurr

6. Mother's Maiden Name, E. Campbell

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Samuel Prince

9. Father's Occupation, Householder

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, 299 E. Baltimore St.

Remarks,

75776

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child
Female

Smith

Page 2 2nd 1884

Ac. 403, Charles W.

I are publicly

Seite 1

America

John Buckley

✓ 2. Kerl

C. americana

A. Schwarzger miedel

330 Warner St.

Remarks,

Murphy & Co., City Printers and Stationers.

certificate, between the first and third day of each and every month, to the Board of Health, and in case the birth of any child shall occur without the assistance of a physician, the mother, immediately thereafter, it shall then be the duty of the parent or parents of such child to repeat its birth to the Board of Health, in the manner, and within the period above prescribed, and in case of any person who shall fail to do so, he or she shall be liable to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

75177
1st Child

Female Male

Colored Race

Mar 2 1884

No 19 Goffesson

Sarah Banton

Sarah Bright

Archives Co Md

John J Banton

Laber

Castine Co

Lucinda Hartford

130 Bayview St

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and to the effect hereinafter provided, and in case of failure to do so, the parent or parents shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 3rd. 1884*

4. Place of Birth, (Street and Number) *1002 Camden St.*

5. Full Name of Mother, *Anna Maria Brown*

6. Mother's Maiden Name, *C. J. Wright*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Richard Brown*

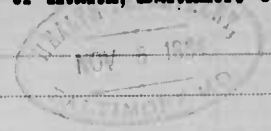
9. Father's Occupation, *Roller Carrier*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return

Address, *299 E. Baltimore St.*

Remarks,



RETURN OF A BIRTH, 70179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth November 3^d 1884

4. Place of Birth, (Street and Number) 335 Mc Donough St

5. Full Name of Mother Mary McCaulley

6. Mother's Maiden Name Mary Holden

7. Mother's Birthplace Baltimore

8. Full Name of Father James McCaulley

9. Father's Occupation Shoemaker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. James A. Lecht, M.D.

Address 182 Seneca St

Remarks

500-111111, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁷⁵¹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 3rd 1884*

4. Place of Birth, (Street and Number) *No 588 Light St Balto Md*

5. Full Name of Mother, *Amanda Hawkins*

6. Mother's Maiden Name, *Amanda Smith*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *J. Frederick Hawkins*

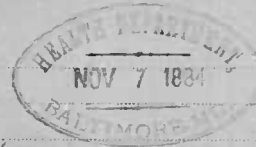
9. Father's Occupation, *Carter*

Father's Birthplace, *Wales, Europe*

Name of Medical Attendant, or other Person who makes this Return *E. Hinton*

Address, *No 658 Charles St - Balto Md*

Remarks.



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 3rd

4. Place of Birth, (Street and Number)

No 55 Woodward Street Balt. Md

5. Full Name of Mother,

Mary E. Madden

6. Mother's Maiden Name,

Mary E. Gavin

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

John H. Madden

9. Father's Occupation,

Conductor B & O RR

10. Father's Birthplace,

Baltimore City Md

Name of Medical Attendant,

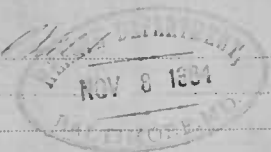
or other Person who makes this Return

Mary E. Gavin

Address,

Poppleton St near Columbia Ave

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately after the birth of the child, shall report its birth to the Commissioner of Health, and any such person who fails to do so, or who makes a false report, shall be liable for each offence to be received by the Commissioner of Health, for other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth September the 9 1884
4. Place of Birth, (Street and Number) Baltimore Battery at No 249
5. Full Name of Mother, Mary Hinkel
6. Mother's Maiden Name, Good
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Hinkel
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kuthorn
- Address, William St No 249
- Remarks,

RETURN OF A BIRTH 70786

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Brown skin

3. Date of Birth, Third of Dec 1884

4. Place of Birth, (Street and Number) Cedar st. No 16

5. Full Name of Mother, Elizabeth Slaughter

6. Mother's Maiden Name, Elizabeth Blackson

7. Mother's Birthplace, City of Baltimore

8. Full Name of Father, William Slaughter

9. Father's Occupation, Labourer

10. Father's Birthplace, City of Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Lidia Somerville

Clinton Ave

Person who delivers the first and third child of each and every woman to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

3 November

4. Place of Birth, (Street and Number)

217 Alexan

5. Full Name of Mother,

Bridget Sloane

6. Mother's Maiden Name,

W Allen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis Sloane

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

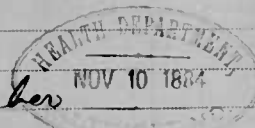
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*_____

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

or other Person who
makes this Return.

Address,

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

30 November

4. Place of Birth, (Street and Number)

55 Front

5. Full Name of Mother,

Rosa Revaulo

6. Mother's Maiden Name,

Rome

7. Mother's Birthplace,

Italy

8. Full Name of Father,

August Revaulo

9. Father's Occupation,

Musiciemer

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return.

Samuel Cooper

Address,

228 Lombard

Remarks,

RETURN OF A BIRTH.

75787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

Male
White
November 3^d 1884.
Pearl St. between Fayette
Mary Meyer
Mary Meyer
Baltimore City
Charles Meyer
Merchant
Vienna Austria
J. B. Obler M. D.
234 W. Fayette St.

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a Physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 3rd 1884

4. Place of Birth, (Street and Number) 70 38 Conyngham St.

5. Full Name of Mother, Annie Wolf

6. Mother's Maiden Name, Annie Leukhies

7. Mother's Birthplace, Germany

8. Full Name of Father, John C. Wolf

9. Father's Occupation, Paper Worker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Stephen Simon

Address, No 70 Conyngham St.

Remarks, Child with Scurvy, etc.

RETURN OF A BIRTH.

75189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st~~ 2d, 3d, etc.) *2^d Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 3rd*

4. Place of Birth (Street and Number) *359. Saratoga St*

5. Full Name of Mother *Clara E Griffin*

6. Mother's Maiden Name *" " Delphia*

7. Mother's Birthplace *Carroll Co Maryland*

8. Full Name of Father *Henry W. Griffin*

9. Father's Occupation *Tobacco maker*

10. Father's Birthplace *Baltimore Co Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Frank W. Gunnison M.D.*

Address *187 Saratoga St*

Remarks



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person attend the birth of a child, the person attending shall, before it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 4 of Nov.*
4. Place of Birth, (Street and Number) *Baltimore 395 Scott St.*
5. Full Name of Mother, *Elizabeth Ruth Ervin*
6. Mother's Maiden Name, *Elizabeth Ruth*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J. T. Ervin*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Amilie Dange*
- Address, _____
- Remarks, _____

Birth of any child shall be reported to the Registrar of Vital Statistics, or should no other person be present, to the nearest physician, immediately thereafter, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

75191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11 1884

4. Place of Birth, (Street and Number)

No 1 Jackson Court

5. Full Name of Mother,

Margaretta Reis

6. Mother's Maiden Name,

Ritzinger

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

August Reis

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Mr. Annie Dangler

Address,

60 North Schurder St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or midwife, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered in any other place and for failure to be recoverable.

RETURN OF A BIRTH¹⁸⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 4th 1892

4. Place of Birth, (Street and Number)

No. 237 Sharp St.

5. Full Name of Mother,

Elisabeth Eichhardt

6. Mother's Maiden Name,

Hildebrand

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Eichhardt

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwesler midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH 75193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *November 4th 1884*

4. Place of Birth, (Street and Number) *123 St. Paul St.*

5. Full Name of Mother, *Annie Williams*

6. Mother's Maiden Name, *" Smith*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Alexander Williams*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St.*

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Board of Health, in the manner, and within the period, also required, except in the case of a still-born child, when the person so attending shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th of November 1884*

4. Place of Birth, (Street and Number) *16 East Hamstead Street*

5. Full Name of Mother, *Margel Betz*

6. Mother's Maiden Name, *Margel Albird*

7. Mother's Birthplace, *Norfolk - Virginia*

8. Full Name of Father, *Chas - A - Albird*

9. Father's Occupation, *Machining*

10. Father's Birthplace, *Kearnssee - County*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *11 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *Neola Frances Harwood*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th Nov 1884

4. Place of Birth, (Street and Number)

1071 Randall St Balto Md

5. Full Name of Mother,

Mary Frances Harwood

6. Mother's Maiden Name,

Burns

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Engie Harwood

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Annapolis Co. Md

Name of Medical Attendant, or other Person who makes this Return

E. G. Guntin

Address,

1106 5th St Balto Md

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

75196



No. of Child of Mother, (state whether 1st, ~~2nd~~)

1. Sex ~~(state whether Male or Female)~~ Female

2. Race ~~Caucasian~~ (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Nov 4th 1884

No 179 East Monument St

Bessie Knotts Miller

Bessie Knotts

Baltimore

Irving Miller

Physician.

M Kent Co Md.

Irving Miller M.D.

179 E. Monument St

RETURN OF A BIRTH ⁷⁵¹⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 24th 1884*

4. Place of Birth, (Street and Number) *N. Brehel St. No. 147*

5. Full Name of Mother, *Theresia Scheerer*

6. Mother's Maiden Name, *Theresia Heigswald*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Johann Scheerer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Frankfurt A. M. Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return, *Karl E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,

Be it stated, that in case upon the mother, immediately thereafter it shall become the duty of the person or persons, or of such child, to provide for the maintenance of the child, in the manner and within the period above required, and in case the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Nov. 4th 84*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *L. A. Stinchcomb.*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Md.*

8. Full Name of Father, *_____*

9. Father's Occupation, *_____*

10. Father's Birthplace, *_____*

Name of Medical Attendant, or other Person who makes this Return.

F. L. Nordmann M.D.

Address, *_____*

Remarks, *_____*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and he subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

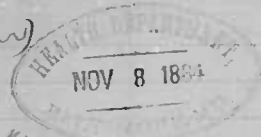
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth November 24th
4. Place of Birth, (Street and Number) Baltimore William St No 394
5. Full Name of Mother, Margaret Elisabeth Ireland
6. Mother's Maiden Name, Schumann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Ireland
9. Father's Occupation, labour
10. Father's Birthplace, Annopolis
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hallam
- Address, William St No 394
- Remarks,

RETURN OF A BIRTH

75200

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 (four)
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, November 4th
5. Place of Birth, (Street and Number) ~~Dorchester Co. Md.~~ No. 120 Dallas St. Balt.
6. Full Name of Mother, Adaline Campbell
7. Mother's Maiden Name, Adaline Henson
8. Mother's Birthplace, Dorchester Co. Md.
9. Full Name of Father, Henry Campbell
10. Father's Occupation, Laborer
11. Father's Birthplace, Virginia
Name of Medical Attendant, or other Person who makes this Return, Louisa Leaton
Address, No. 111 S. Dallas Balt. Md.
Remarks,



RETURN OF A BIRTH ^{7/12 01}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 11

4. Place of Birth, (Street and Number) Stackhalen

5. Full Name of Mother, Genie Williamson Wilks

6. Mother's Maiden Name, Genie Williamson

7. Mother's Birthplace, Kent Island

8. Full Name of Father, Joshua Wilks

9. Father's Occupation, Laboar

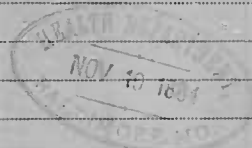
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dixon

Address, 52 Little Church

Remarks,

be in attendance upon the mother immediately thereafter, or if it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH, 75302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White Race

3. Date of Birth Nov. 4, 1884

4. Place of Birth, (Street and Number) 63 Light St.

5. Full Name of Mother Jane Price

6. Mother's Maiden Name " Burrows

7. Mother's Birthplace Washington District

8. Full Name of Father Geo. Edmund Price

9. Father's Occupation Laborer

Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Annie C. Gourd

Address 634 Light St.

Remarks

name of the mother of such child or children.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) caucasian

3. Date of Birth, 4, November

4. Place of Birth, (Street and Number) 218, Madison St.

5. Full Name of Mother, Jules Ann Dennis

6. Mother's Maiden Name, Jules A. Meloyans

7. Mother's Birthplace, Balis St.

8. Full Name of Father, William Henry Dennis

9. Father's Occupation, Brickmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. Morgan
or other Person who makes this Return

Address, 711. Morgan

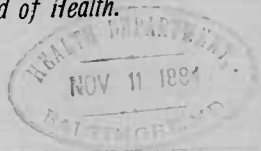
Remarks, at 711. Morgan

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

752021

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 5, 1884

4. Place of Birth (Street and Number)

394. E. Monument St.

5. Full Name of Mother

Angie Grey
Givins

6. Mother's Maiden Name

7. Mother's Birthplace

Prima
Alfred G. Grey

8. Full Name of Father

9. Father's Occupation

Ironing Stone
Prima

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

W. T. Thomas M.D.
66. E. Baltimore St.

Address

Remarks

Each parent, however, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person who has charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of *Philip Kurth* Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

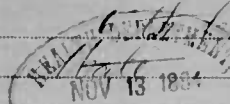
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov 5th 1884

No. 45 Guttman's alley

Charlotte K. Kurth

Kieffling

Germany

Gaspar K. Kurth

Barber

Germany

J. Schwaiber midwife

330 Thunover St.

RETURN OF A BIRTH ⁷⁵²⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *November 5th 1884*
4. Place of Birth, (Street and Number) *No 20 Bolton St*
5. Full Name of Mother, *Nettie E. Cephas*
6. Mother's Maiden Name, " " *Ebb*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Cephas*
9. Father's Occupation, *Walter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Louella Johnson*
- Address, *6 Hamilton St*
- Remarks,



RETURN OF A BIRTH

75207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

For the purpose of this return, the date of birth of the mother of each child or children.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 6

4. Place of Birth, (Street and Number)

469 S. Street

5. Full Name of Mother

Clara Ford

6. Mother's Maiden Name

Wilson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Richd Ford

9. Father's Occupation

Bill Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. H. Harris M. D.

Address

S. H. Co. P. M. & S. H. Co.

Remarks



Birth of any child shall occur without the attendance of a physician or midwife, or should be otherwise attended by any person, or persons, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any court of competent jurisdiction, and the costs of the proceedings therefor shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 5th 1884*

4. Place of Birth, (Street and Number) *555 1/2 Lexington St.*

5. Full Name of Mother, *Emma J. Ellis*

6. Mother's Maiden Name, *" J. Dodd*

7. Mother's Birthplace, *Mass*

8. Full Name of Father, *William Ellis*

9. Father's Occupation, *Book-keeper*

10. Father's Birthplace, *Mass*

Name of Medical Attendant, or other Person who makes this Return, *Phedore Lake M.D.*

Address, *146 Hancock St. Baltimore*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be attended upon by any person other than the mother, immediately thereafter it shall become the duty of the person or persons of either sex, who shall be present at the birth of the child, to report the same to the Registrar of Health, in the manner and within the period above required, and any such person who shall neglect to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷¹²⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Young male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5th 1884

4. Place of Birth, (Street and Number) Pufferson St 965259

5. Full Name of Mother, Theresa Harmon

6. Mother's Maiden Name, " Lucas

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, August Harmon

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. R. R. R.

Address, 48 S. Hollands St.

Remarks, _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75210

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

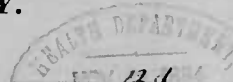
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Male

African

November 6 1884

45 East St

Lotte Stump

Lotte Lee

Baltimore md

James Stump

Labor

Baltimore md

Return Horace Commons

45 East St

Mid wife

Eliza Commons 45 East St Baltimore md

RETURN OF A BIRTH ⁷²¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 6th*
4. Place of Birth, (Street and Number) *No. 73. Schroeder St.*
5. Full Name of Mother, *Mary. Deck*
6. Mother's Maiden Name, *Mary. Gars.*
7. Mother's Birthplace, *97. Preston. St.*
8. Full Name of Father, *Geo. W. Deck.*
9. Father's Occupation, *Driver.*
10. Father's Birthplace, *94. Pierce. St.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Drumbler.*
- Address, *60 North Schroeder St.*
- Remarks,



RETURN OF A BIRTH.

75212

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 6th 1884

4. Place of Birth (Street and Number)

42 Fort av

5. Full Name of Mother

Julia Johnson

6. Mother's Maiden Name

Julia Foxman

7. Mother's Birthplace

Dorchester Co. Md

8. Full Name of Father

William Johnson

9. Father's Occupation

Boiler - Maker

10. Father's Birthplace

Baltimore Md

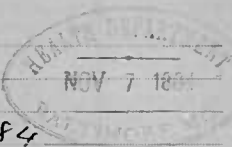
Name of Medical Attendant, or other Person who
makes this Return.

O. A. Cooke M.D

Address

110 Fort av

Remarks



any other person be in at evidence upon the mother, immediately thereafter, to report to the Board of Health, in the manner and within the period above specified, and that any person or persons who fail to comply with this provision shall be subject to a fine of ten dollars and to imprisonment for a term not exceeding thirty days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *6 November*

4. Place of Birth, (Street and Number) *185 Central Avenue*

5. Full Name of Mother, *Barbara Willmer*

6. Mother's Maiden Name, *Wiegler*

7. Mother's Birthplace, *Baumach Bavaria*

8. Full Name of Father, *Conrad Willmer*

9. Father's Occupation, *=*

10. Father's Birthplace, *Wothmannsdorf Bavaria*

Name of Medical Attendant, or other Person who makes this Return *Anna Walter*

Address, *Anna Walter corner E. and Cal. Avenue*

Remarks, *primiparae birth*

NOV 7 18

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and every mother, father or persons who shall breach the above provisions, shall be subject to a fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 6th

4. Place of Birth, (Street and Number)

No. 658 West Baltimore St.

5. Full Name of Mother,

Mrs Anne Cooper

6. Mother's Maiden Name,

Anna Brown

7. Mother's Birthplace,

Wilmington Delaware.

8. Full Name of Father,

William Cooper

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Virginia

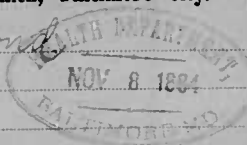
Name of Medical Attendant, or other Person who makes this Return.

Dr. A. F. Schroesser.

Address,

415 N. Fayette St.

Remarks,



In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or person who has charge of the child, or any other person, shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 6, 1891*

4. Place of Birth, (Street and Number) *E. Fayette St. No 163*

5. Full Name of Mother, *Amie Hart*

6. Mother's Maiden Name, *Amie Ball*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jamison Hart*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Teacher's Court, A. Maryland*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Miller*

Address, *1. Dallas St. No 26*

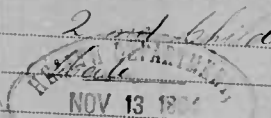
Remarks,

certification between the first and third day of each and every month to the attendance of a physician or midwife, or other person or persons of such child, to be made by the parent or guardian of such child, in compliance with the provisions of the act, shall be subject to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Nov 6th 1884*
4. Place of Birth, (Street and Number) *No. 4 Patuxent St.*
5. Full Name of Mother, *Mary Wagner*
6. Mother's Maiden Name, *Hessler*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Louis Wagner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. Schroeder midwife*
- Address, *330 Hanover St.*
- Remarks, _____



In case the birth of a child shall not be reported to the Office of the Commissioner of Health, within the first and third day of each and every month, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth *Nov. 6th 84*
4. Place of Birth, (Street and Number) *Maternity Hospital*
5. Full Name of Mother, *Rose Mathews*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Med.*
8. Full Name of Father, *_____*
9. Father's Occupation, *_____*
10. Father's Birthplace, *_____*
- Name of Medical Attendant, or other Person who makes this Return. *D. R. Nordmann M.D.*
- Address, *_____*
- Remarks, *_____*

NOV 8 1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Mrs Lydia Porter

Address.

Remarks.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is not a member of the Board of Health, the person so attending shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health. In the manner, and within the period above provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov 6 1884*
4. Place of Birth, (Street and Number) *179 Mallinckroft St*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Esther Young*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
Name of Medical Attendant, or other Person who makes this Return *Lucinda Walker*
Address, *131 Regis St*
Remarks, _____

NOV 10 1884

RETURN OF A BIRTH ⁷⁵²²⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the mother, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2d}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 7

4. Place of Birth, (Street and Number)

Francis St

5. Full Name of Mother,

May Hooper

6. Mother's Maiden Name,

" Ritter

7. Mother's Birthplace,

Baltimore Co. Md

8. Full Name of Father,

Charles Hooper

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

D. W. Rogers M.D.

Address,

11 W. Calverton St. Blue Hill

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of November 1884*

4. Place of Birth, (Street and Number) *210 East Arden Street*

5. Full Name of Mother, *Lizzie Baise*

6. Mother's Maiden Name, *Lizzie Lounce*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry Lounce*

9. Father's Occupation, *Iron molder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Carolina Kunkel*

Address, *11 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

Every child born in Baltimore City shall be registered by the Registrar of Vital Statistics, Board of Health, within ten days of its birth, and the parent or other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or other person in attendance upon the mother, to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner, and within the period above prescribed, and to furnish the Registrar with the particulars of its birth, and to sign the statement shall be subject to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

Every person who is present at the birth of any child shall, if he is a physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who neglects to do so shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th of November*

4. Place of Birth, (Street and Number) *108 3rd Avenue (Canton)*

5. Full Name of Mother, *Elise Stein*

6. Mother's Maiden Name, *Wahl*

7. Mother's Birthplace, *Schlitz Hessen Darmstadt*

8. Full Name of Father, *Adam Stein*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Schlitz Hessen Darmstadt*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. J. Behrken*

Address, *434 Lancaster St (Canton)*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or assisted by another person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the laws of the State, and to pay a fee of ten cents for each child so reported, and a fee of five cents for each additional child so reported, and a fee of ten cents for each address to be recorded, and a fee of five cents for each address to be recorded, and a fee of five cents for each address to be recorded.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

8 Grove

3. Date of Birth

25 Watson & November

4. Place of Birth, (Street and Number)

25 Watson

5. Full Name of Mother,

Sillie Sutz

6. Mother's Maiden Name,

Crackery

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sutz

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

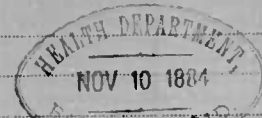
Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,



birth of any child shall occur without the attendance of a Physician or midwife, or other person who shall be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in a summary proceeding.

RETURN OF A BIRTH

75226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

8 Nov.

4. Place of Birth, (Street and Number)

52 Lombard

5. Full Name of Mother,

Mary Mushmeyer

6. Mother's Maiden Name,

Stewart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Mushmeyer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

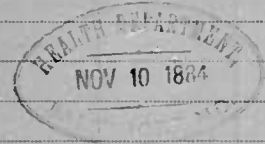
Name of Medical Attendant, or other Person who makes this Return.

Sarah C. Esper

Address,

72. C. Lombard

Remarks,



RETURN OF A BIRTH.

75227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 8th 1884

4. Place of Birth (Street and Number)

94 Fort Av

5. Full Name of Mother

Annie Craig

6. Mother's Maiden Name

" Wilson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Nathan Craig

9. Father's Occupation

Steamboat Engineer

10. Father's Birthplace

Delaware City

Name of Medical Attendant, or other Person who makes this Return.

O. A. Crooke M.D.

Address

110 Fort av

Remarks

When six days intervene, stating whether the child is still born, or born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the
physician or practitioner of midwifery or should no other person
be in attendance upon the mother immediately thereafter, it shall be the duty of the physician or practitioner of midwifery
report its birth to the Commissioner of Health, in the manner and within the period above required, and an such return
or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered in any other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Saturday Nov 8th*
4. Place of Birth, (Street and Number) *Baltimore Md 97 Poppleton*
5. Full Name of Mother, *Virginia Ann Michael Komoser*
6. Mother's Maiden Name, *Virginia Ann Michael Matthews*
7. Mother's Birthplace, *Shrewsbury Baltimore Co Md*
8. Full Name of Father, *Gustav Albert Komoser*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Dummer*
- Address, *60th Schreder*
- Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of any person who may be present, to report the birth to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both, at the discretion of the Court, and any other person who aids or abets in such offence shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both, at the discretion of the Court.

RETURN OF A BIRTH. 75229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Nov 8th 1884*

4. Place of Birth, (Street and Number) *N 246 Montgomery st*

5. Full Name of Mother, *Emma J. Stevenson*

6. Mother's Maiden Name, *E. J. Stevenson*

7. Mother's Birthplace, *St. Mary's County*

8. Full Name of Father, *Edwin C. Stevenson*

9. Father's Occupation, *Shipbuilder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. Cottrell*

Address, *N 28 Warren Ave*

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

71232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *November 8 1884*

4. Place of Birth, (Street and Number) *20 Columbia St.*

5. Full Name of Mother, *Paulina Kaamierski*

6. Mother's Maiden Name, *Paulina Klinoska*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *John Kaamierski*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return, *Ab. Kunigunda Schliker*

Address, *20 Columbia St.*

Remarks,

Birth of every child should be recorded, and the attendance of a physician, or of a practitioner of midwifery, or of a nurse, should be secured, and the parents should be informed of the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of still births and deaths of illegitimate children, and in such cases the duty of the parent or parents to report its birth to the Board of Health, in the manner, and within the period above required, shall be subject to the order of the Board of Health, in its discretion.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov. 8th 1881*

4. Place of Birth, (Street and Number) *644 S. Charles St.*

5. Full Name of Mother, *Elana*

6. Mother's Maiden Name, *Milbur*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Johnson*

9. Father's Occupation, *Box & Chest Iron worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Geo. W. Smith M.D.*

Address, *28 S. Charles St.*

Remarks, *Mat. Lector,*

RETURN OF A BIRTH

75234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



in case patients, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. S. x, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Saturday 2

4. Place of Birth, (Street and Number) 2 Bradford. alley

5. Full Name of Mother, Mester Powell

6. Mother's Maiden Name, Mester

7. Mother's Birthplace, Rochester County

8. Full Name of Father, John Powell

9. Father's Occupation, a Barber

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Henry ether glaster

Address, Maryland st her health is good as can be expected

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the mother or person having charge of the child, shall report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) colored male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 8 November

4. Place of Birth, (Street and Number) Stockholm St - A 3

5. Full Name of Mother, Amanda Warner

6. Mother's Maiden Name, Amanda Johns

7. Mother's Birthplace, Caroline County

8. Full Name of Father, James Warner

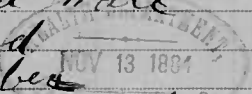
9. Father's Occupation, labourer

10. Father's Birthplace, Calhott County

Name of Medical Attendant, or other Person who makes this Return, Levinia Mills

Address, 22 Stockholm St Baltimore

Remarks, patient is doing well



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45236

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White race*

3. Date of Birth *2^d of November, 1884*

4. Place of Birth (Street and Number) *No 259, Preston st.*

5. Full Name of Mother *Lena Dalry*

6. Mother's Maiden Name *Lena Conlay*

7. Mother's Birthplace *in Baltimore*

8. Full Name of Father *Louis Dalry*

9. Father's Occupation *in Baltimore a Laborer*

10. Father's Birthplace *in Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Midwife Theresa G. May

Address *No 34 Biddle St.*

Remarks



condition, weakness still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 75237

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Premature labor at 5 months, child alive when born, & breathing 3 hours after birth.

HEALTH DEPT.

NOV 10 1887

female

white

Nov 9/87

645 Remondy Lane - D.C.

Kate M. Lucas

White

Baltimore Md.

Wm. C. Lucas

Carpenter

Baltimore Md.

A. K. Ketterhoff M.D.

205 W. Baltimore St.

Premature labor at 5 months, child alive

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

71238

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 9th 1874

4. Place of Birth (Street and Number)

Brimley St

5. Full Name of Mother

Regina J. Donnelly

6. Mother's Maiden Name

R. J. Landers

7. Mother's Birthplace

City

8. Full Name of Father

Wm J. Donnelly

9. Father's Occupation

Insurance agent

10. Father's Birthplace

Penn.

Name of Medical Attendant, or other Person who makes this Return.

Flanagan, M.D.

Address

93 Valley St

Remarks

Any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH ⁷¹²³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

MAILED NOV 10 1884

White
November 9th 1884
H. Edens St No 55
Jennie A. Gregory
" " Bally
Baltimore Md.
James Gregory
Janner
Baltimore Md
Miss Rosellie
48 Hollands St

RETURN OF A BIRTH, 71240

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 11 1884

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
Sex (state whether male or female) *Male*
Race or Color, (if not of the white race)
3. Date of Birth *November 9th 1884*
4. Place of Birth, (Street and Number) *Canal St Mar Point Lane*
5. Full Name of Mother *Elizabeth Rosenberger*
6. Mother's Maiden Name *Elizabeth Witterie de*
7. Mother's Birthplace *Groscherzoktum Oldenburg Germany*
8. Full Name of Father *Joseph Rosenberger*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Balto. City*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Kate Lapanian*
Address *276 Mc Donough St. Balto.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 9th 1884*

4. Place of Birth, (Street and Number) *21 Willow St*

5. Full Name of Mother, *Ellen Cox*

6. Mother's Maiden Name, *Ellen Engen*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Cox*

9. Father's Occupation, *Porter in Store*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Catherine Denny*

Address, *32 N. 1st St*

Remarks, *Report by Dr. Foster* *Patrick Cox* *21 Willow St*

Any person who neglects to report the birth of a child, or who neglects to report the death of a person, or who neglects to report the marriage of a person, or who neglects to report the adoption of a child, or who neglects to report the removal of a person, or who neglects to report the change of name of a person, or who neglects to report the change of residence of a person, or who neglects to report the change of occupation of a person, or who neglects to report the change of marital status of a person, or who neglects to report the change of sex of a person, or who neglects to report the change of race or color of a person, or who neglects to report the change of date of birth of a person, or who neglects to report the change of place of birth of a person, or who neglects to report the change of full name of a person, or who neglects to report the change of mother's maiden name of a person, or who neglects to report the change of mother's birthplace of a person, or who neglects to report the change of full name of father of a person, or who neglects to report the change of father's occupation of a person, or who neglects to report the change of father's birthplace of a person, or who neglects to report the change of name of medical attendant of a person, or who neglects to report the change of address of a person, or who neglects to report the change of remarks of a person, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9th of Nov. 1884.

4. Place of Birth, (Street and Number)

87 Beyle Street, Baltimore, Md.

5. Full Name of Mother,

Jane A. Little

6. Mother's Maiden Name,

Jane A. Keller

7. Mother's Birthplace,

Frederick City, Md.

8. Full Name of Father,

Ephraim H. Little

9. Father's Occupation,

Printer

10. Father's Birthplace,

Gettysburg, Pa.

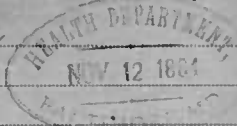
Name of Medical Attendant, or other Person who makes this Return.

Mr. Dannie D. Dunlee

Address,

60 North Schaefer St.

Remarks,



RETURN OF A BIRTH ⁷⁵²⁴³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2d.}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

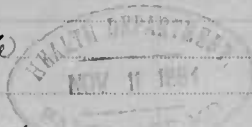
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2d.
Female
White
Nov 9.
437 N. Street
Carrie Crohan
Davis
Baltimore
John Crohan
Latimer.
Baltimore
J. W. Jones M.D.
S. W. Co. - President



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

10 November

4. Place of Birth, (Street and Number)

South Baltimore 334 William

5. Full Name of Mother,

Marcy Plummer

6. Mother's Maiden Name,

Marcy Birmingham

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Charles Plummer

9. Father's Occupation,

Car Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sam Thornton

Address,

249 Batsey Avenue

Remarks,

of the mother of such child or children.

NOTICE

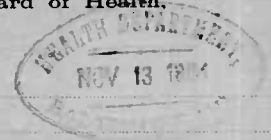
The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

75245

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday Nov 10th 1884

4. Place of Birth, (Street and Number)

469 Sanson St

5. Full Name of Mother,

Annie Susan

6. Mother's Maiden Name,

Thompson

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

James E. Susan

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return

Quincy Holmes

Address,

64 N. Stricker St

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report the birth in the Commissioner of Health, in the manner and within the period and under the penalty herein provided, for each offense to be recovered and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 10th 1884

4. Place of Birth, (Street and Number)

No 44 Warner av.

5. Full Name of Mother,

Emma Krause

6. Mother's Maiden Name,

Wacker

7. Mother's Birthplace,

America

8. Full Name of Father,

John Krause

9. Father's Occupation,

Coal Merchant

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaiger midwife

Address,

330 Hancock st.

Remarks,

RETURN OF A BIRTH ⁷⁵²⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st} ~~1st~~

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *November the 10th*

4. Place of Birth, (Street and Number) *22 Vincent St*

5. Full Name of Mother, *Annie Davis*

6. Mother's Maiden Name, *Annie Diggs*

7. Mother's Birthplace, *Hagerstown Md*

8. Full Name of Father, *Levin Davis*

9. Father's Occupation, *Water*

10. Father's Birthplace, *Friedrich Co Md*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Charlotte Mann

258 Robinson St

None

RETURN OF A BIRTH ⁷¹²⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 10 of November 1884

4. Place of Birth, (Street and Number)

No 182 Eden Street

5. Full Name of Mother,

Maggie Kossuthal

6. Mother's Maiden Name,

Maggie Dillman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Kossuthal

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. S. H. Lauer

Address,

10 173 Harford Ave

Remarks,

Baltimore Md.

1884

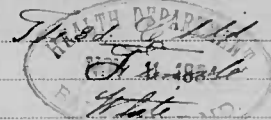
Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, within the time specified in the following provisions of this section, and for each offense to be recovered at other times and forfeitures are recoverable.

Penalty for any official shall occur without the attendance of a physician or practitioner of medicine, or health officer, or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore, or other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 10 of November 1884

No 52 Hoffman Street

Hester Bitter

Hester Farr

Baltimore

John Bitter

Watchman at the Railroad

Baltimore

Mrs Ch. Lauer

No 183 Harford Ave

Baltimore Md.

1884

should no other person to in at evidence that the mother, immediately, there of, in the manner, and duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to do so shall be subject to a fine of ten dollars and to imprisonment for a term not exceeding thirty days, and shall be liable to recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

71350
6
Male
White
Nov 10. 84
139 Battery ave
Laura Beth
Warner
Rent Co Md
Gas & Seth
Carpenter
Bette
Mrs A Nash

RETURN OF A BIRTH

75251

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child
Male
White

Sept 20th 1884

193 Johnson - a
Cora Martin

Cora Byra

City -
B. B. Martin

Rail Road Man

Va -

L. M. Prebster in the

absence of Dr. Noble and
he requested me to make
Report, even Delo - Noble

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

75252

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Female
Colored



139 York street
Fannie Hackett
Fannie Parn
Calvert County m.d.
Levy Hackett
In a Factory
Cambridge m.d.
Mary Mable
142 York street

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to secure the attendance of a physician, or of a practitioner of midwifery, and within the period above required, except in the case of the birth and death of the child, to file a report of the birth of the child, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Daniel Milton Aubrey*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *October 25th*

3. Date of Birth, *October 25th*

4. Place of Birth, (Street and Number) *274 E. Monument St*

5. Full Name of Mother, *Amelia (Aubrey) Aubrey*

6. Mother's Maiden Name, *" Medford*

7. Mother's Birthplace, *Annapolis Md*

8. Full Name of Father, *John (Aubrey) Aubrey*

9. Father's Occupation, *Oyster Packer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs J. Oliver*

Address, *156 N. Eden St*

Remarks,

RETURN OF A BIRTH

75254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

P. Luter
Female
White

Oct 20 1884

77 Johnson St
Jennie Porter

Jennie Burns
Drehts Co Md

Joseph Porter
Engineer

Caroline Co Md
W B Noble, M.D.
W Hame Co

place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner of midwifery or any other person shall deliver a child without the attendance of a physician, or of a practitioner of midwifery, or shall deliver a child within the period above mentioned, except in the cases of the births and deaths of illegitimate children, and in the manner and to the extent provided in the provisions of the law relating to the registration of births and deaths, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 2d

4. Place of Birth, (Street and Number)

Wolfe St

5. Full Name of Mother,

Laura V. Skillman

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Skillman

9. Father's Occupation,

Railroad Man

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs S. Oliver

Address,

156 M. Eden St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance, the person so attending shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The fourth

1. Sex, (state whether male or female)

a darling daughter

2. Race or Color, (if not of the white race)

3. Date of Birth,

December the 6th (Monday)

4. Place of Birth, (Street and Number)

24 Centre Market Space

5. Full Name of Mother,

Elizabeth Babette Lambert

6. Mother's Maiden Name,

Elizabeth Babette Crane

7. Mother's Birthplace,

the City of Baltimore, Md

8. Full Name of Father,

Charles William Lambert

9. Father's Occupation,

a happy printer

10. Father's Birthplace,

Bremen, Germany

Name of Medical Attendant,

or other Person who makes this Return

Lambert 3rd Baltimore

Address,

No 28 N. Lincoln St. Baltimore

Remarks,

M.C.

75258

[illegible]

71

Male

White

7.5. *December*

No 3 Thompson St Baltimore

Mary C. Linsay

Mary C Long

Baltimore

James Disney

Printer

Baltimore

or other Person who
makes this Return

Mr. J. B. Lawrence

No 28. 28. Fränkische

MD

Certificate between the first and third day of each and every month to this Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of Midwifery, or should, no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending, and any such person report his or her attendance upon the mother, and the birth of the child, to the Office of the Commissioner of Health, and shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
White
NOV 14 1884

8 of November

345 Eastern ave.

Katty Beatty

Katty Bassell

Baltimore

Harry Beatty

Stone Molder

Baltimore

Mrs Elizabeth Gray

193 South Chester

Health of child

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person present at the birth of such child to report its birth to the Commissioner of Health, with the particulars of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

75261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Caucasian Child*
3. Date of Birth, *Sunday December 9 1884 morning*
4. Place of Birth, (Street and Number) *Hamburg St 2077*
5. Full Name of Mother, *Jennie Rose Jennie Sewell*
6. Mother's Maiden Name, *Jennie Rose*
7. Mother's Birthplace, *Queen Anne's County Maryland*
8. Full Name of Father, *Thomas Sewell*
9. Father's Occupation, *brick yard and oyster shucking*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *attended by Annie Maria Wilson*
- Address, *1011 Beach St*
- Remarks, *Mid Wife*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the person so attending to procure a medical certificate, and to file the same in the manner, and within the time, prescribed by law. Any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Female
White
Nov 10. 84
14 Wall st
Annie E. Fisher
" " Gardner
Balto
Jas. D. Fisher
Caulker
Balto Md
Mrs A Nash

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75263

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White race.

3. Date of Birth

Nov. 15, 1883.

4. Place of Birth, (Street and Number)

No. 614 Light St.

5. Full Name of Mother

W. M. Harrison, Mother

6. Mother's Maiden Name

Schul

7. Mother's Birthplace

Prussia.

8. Full Name of Father

Otto August Walter.

9. Father's Occupation

Butcher.

10. Father's Birthplace

Prussia.

Name of Medical Attendant, or other Person who makes this Return.

Ann. Egan.

Address

634 Light St.

Remarks

In case the birth of any child shall occur without the attendance of a physician, or a person who shall then become the duty of the parent or parents of such child to report the birth in the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this ordinance, shall be subject to a fine of ten dollars and costs of such offence, to be recovered as often as may be necessary.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov 10 1894*

4. Place of Birth, (Street and Number) *244 Harford Ave*

5. Full Name of Mother, *Mrs Christian Kohle*

6. Mother's Maiden Name, *Mrs R Rauhe*

7. Mother's Birthplace, *Hesse Darmstadt*

8. Full Name of Father, *Christian Kohle*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Wurtemberg*

Name of Medical Attendant, or other Person who makes this Return *Wm. J. G. G. G.*

Address, *225 E. Lexington St. Baltimore*

Remarks, *A.B.*

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure the return of this certificate, and to file it in the Office of the Commissioner of Health, in the City of Baltimore, or in the Office of the Registrar of Vital Statistics, in the City of Baltimore, and to pay the fee of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of November 1884

4. Place of Birth, (Street and Number)

No. 232 Chestnut

5. Full Name of Mother,

Kate Kiebler

6. Mother's Maiden Name,

Kate Schuster

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Kiebler

9. Father's Occupation,

Trainer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. C. Lauer

Address,

No. 173 Maryland Ave.

Remarks,

Baltimore, Md.

1884

RETURN OF A BIRTH 7/266

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the person, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

7th Male
White
Nov. 17, 1884
140 William St
Susie Streckfus
Susie Merrill
City
John Streckfus
Fish Dealer
City
H. B. Noble Jr
50 Warren St

RETURN OF A BIRTH ⁷⁵²⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *November 11th*

4. Place of Birth, (Street and Number) *209 Vine St.*

5. Full Name of Mother, *Frances Ellen Bailey*

6. Mother's Maiden Name, *Frances Ellen Brown*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *John Wesley Bailey*

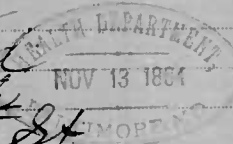
9. Father's Occupation, *Oyster Shucker*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *Dr. A. F. Sprusser*

Address, *#415 W. Payette St.*

Remarks,



When any child is born, the attendance of a physician or midwife, or nurse, or other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and to the effect provided in the preceding section, and no person or persons who shall fail to do so shall be subject to the fine of ten (10) dollars for each failure to be recovered.

175

Lewis & Frederick Batchelor

 $\frac{2}{11}$

~~Female~~ Male
white

White

Nov 11th 1884.

451 N. Carey

Mary H. Batchelor

Tucker

Balto. City

Wm. L. Batchelor

Butcher

Balto. City.

or other Person who
makes this Return -

506 Madison Ave.

CIVEN NAME ADDED.

3-27-52

THE PRINTING AND STATIONERY

RETURN OF A BIRTH

75269

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltimore & South

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth, 11. Calvert

4. Place of Birth, (Street and Number)

Chas. 2. Wagon. city

5. Full Name of Mother,

Hannah Cook

6. Mother's Maiden Name,

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

David Cook

9. Father's Occupation,

Laborer

10. Father's Birthplace,

West Virginia

Name of Medical Attendant,

or other Person who makes this Return.

Miss Carleton Hudson

Address,

Chas. 26 Queen. city

Remarks,

of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other cases be in attendance upon the mother, immediately thereupon it shall become the duty of the person or persons attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

75270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

12 of November

4. Place of Birth, (Street and Number)

28 Eaden st.

5. Full Name of Mother,

Anna Mc Donnal

6. Mother's Maiden Name,

Anna Modock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conney Mc donnal

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Gray

Address,

193 South Chester st.

Remarks,

Health of child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address,

It marks,

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recordable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 12th 1884

4. Place of Birth, (Street and Number) No 126 Maryland St.

5. Full Name of Mother, Elizabeth W. Brown

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A. Brown

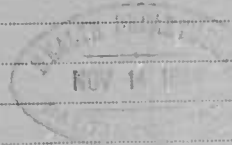
9. Father's Occupation, Varnisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophia Simons

Address, No 70 Maryland St.

Remarks,



be in attendance upon the midwife, immediately thereafter it shall become the duty of the person or persons of each child to
register the birth of the child in the manner and within the period above required, and any such person
who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 9-11-51
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary E. Shaney*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 27, 1889*

4. Place of Birth, (Street and Number) *No 67 Gracey St.*

5. Full Name of Mother, *Elizabeth (Chance) Shaney*

6. Mother's Maiden Name, *Free*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *John (Chance) Shaney*

9. Father's Occupation, *Labor Work*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Joseph S. S. S.*

Address, *No. 10, only at.*

Remarks,

be in attendance upon the mother, immediately thereafter, to sign the declaration of the person or persons of such child, in the birth certificate, and to file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Is the day of November

3. Date of Birth

12 The day of November

4. Place of Birth, (Street and Number)

Cutler str 22

5. Full Name of Mother,

6. Mother's Maiden Name,

Martha Kleps

7. Mother's Birthplace,

St. Nebran Westprehen Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Maunel (Mid

Address,

428 Sprague str

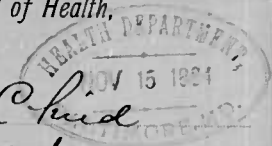
wife)

Remarks,

RETURN OF A BIRTH.

75275

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd Child

Female

White

Nov 13 1884

31 Randan St

Louisa Ray

" Benson

Baltimore Md

John Ray

Watchman

Baltimore Md

O. A. Cooke M.D

110 Fork an

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure a certificate of birth from the Registrar of Vital Statistics, and to file the same in the office of the Registrar, and if any person or persons who shall be called on to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

Nov 1/89

4. Place of Birth, (Street and Number)

196 Wm. St

5. Full Name of Mother,

Martin Penhale

6. Mother's Maiden Name,

Martin Penhale

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm J Penhale

9. Father's Occupation,

Cyber Phosphorus

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Abraham Penhale

Address,

210 Wm. St

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 4th 1884

4. Place of Birth, (Street and Number) 131 3rd St

5. Full Name of Mother, Louise A. Boone

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Boone - White man

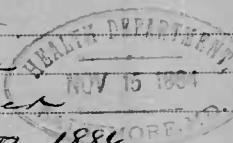
9. Father's Occupation, ---

10. Father's Birthplace, ---

Name of Medical Attendant, or other Person who makes this Return, Ernest Hughes

Address, 136 3rd St

Remarks, ---



birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be subject to a fine of ten (10) dollars for each offence to be recovered by other dues and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵²⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 14/84

4. Place of Birth, (Street and Number)

479 E Gay St

5. Full Name of Mother,

Mary Agnes Carmine

6. Mother's Maiden Name,

" " Shutt

7. Mother's Birthplace,

Bates

8. Full Name of Father,

Walter Lawrence Carmine

9. Father's Occupation,

Met. Repairer

10. Father's Birthplace,

Bates

Name of Medical Attendant, or other Person who makes this Return.

Ellen Carson

Address,

for Walter L. Carmine

Remarks,

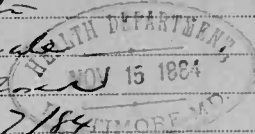


Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore, and no other fines and penalties are recoverable.

RETURN OF A BIRTH¹⁵²⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Oct 7/84
4. Place of Birth, (Street and Number) 135 York St
5. Full Name of Mother, Eda Wright
6. Mother's Maiden Name, Eda Hill
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, J. A. Wright
9. Father's Occupation, Batterman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Emily Hughes
- Address, 136 York St
- Remarks,



born, is or their physical condition, whether adult or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75280

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female
colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 20 - 84

4. Place of Birth, (Street and Number)

14 Lee St

5. Full Name of Mother,

Molly adison

6. Mother's Maiden Name,

Goff

7. Mother's Birthplace,

Cambridge Md

8. Full Name of Father,

George adison

9. Father's Occupation,

Steward

10. Father's Birthplace,

St. Charles Co

Name of Medical Attendant, or other Person who makes this Return.

William cruick

Address,

34 Boyd St

Remarks,

both, his or their parental connection, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

7/12/81

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

black

3. Date of Birth,

oct 30 - 84

4. Place of Birth, (Street and Number)

2 vine st

5. Full Name of Mother,

sarah bailey

6. Mother's Maiden Name,

" Hottel

7. Mother's Birthplace,

Balto

8. Full Name of Father,

David Bailey

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who
makes this Return.

Mrs Anne Conish

Address,

34 Boyd St.

Remarks,

person, the date and place of birth, and the said schedule shall be delivered, if required by the practitioner at the time of a birth, to the Office of the Registrar of Vital Statistics, Baltimore City, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present upon whom the mother immediately thereafter it shall be the duty of the person or persons who shall have attended the birth of such child, to report the same to the Office of the Registrar of Vital Statistics, Baltimore City, and every month to the Office of the Commissioner of Health. For each offence to be recovered, the said schedule shall be subject to a fine of ten (10) dollars.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 1/1884*

4. Place of Birth, (Street and Number) *406 West St*

5. Full Name of Mother, *Mary Ann Jones*

6. Mother's Maiden Name, *Mary Ann Johnson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Eldridge B Jones*

9. Father's Occupation, *Optician*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Abner X Brooks*

Address, *210 W. Main St*

Remarks,



Section 100 of the Health Code of the City of Baltimore, in case the birth of a child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 11 of September

4. Place of Birth, (Street and Number) Portico Ave no 2

5. Full Name of Mother, Mary Creamer

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Balto

8. Full Name of Father, John Creamer

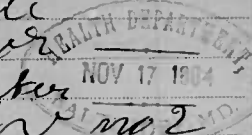
9. Father's Occupation, single

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, A Wilson

Address, Howard St 114

Remarks, _____



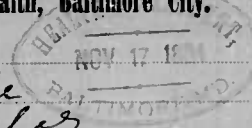
certificates between the first and third day of each and every month to the Office of the Commissioner of Health, or should no other person be available, to the Office of the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall heretofore comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

752824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, 13 of September
4. Place of Birth, (Street and Number) Waverly St 196
5. Full Name of Mother, Emily A. Boyer
6. Mother's Maiden Name, Dunn
7. Mother's Birthplace, Kent Island
8. Full Name of Father, John T. Boyer
9. Father's Occupation, single
10. Father's Birthplace, Quaker Neck
- Name of Medical Attendant, or other Person who makes this Return, A. Wilson
- Address, Howard St 114
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

certifiable between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or the father, or the person who shall be present at the birth, shall be liable to a fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall be liable to a fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵²⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Coker

3. Date of Birth, 18 October

4. Place of Birth, (Street and Number) Hamburg St 110

5. Full Name of Mother, Isabelle Cooper

6. Mother's Maiden Name, Karr

7. Mother's Birthplace, Balto

8. Full Name of Father, James Cooper

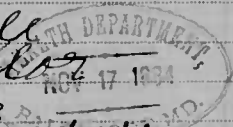
9. Father's Occupation, single

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, A. Wilson

Address, Howard St 214

Remarks, _____



certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to procure a certificate of birth, and to file the same with the Registrar of Vital Statistics, within the time required, and on each person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 October

4. Place of Birth, (Street and Number) Hamburg St 114

5. Full Name of Mother, Ida Scott

6. Mother's Maiden Name, Queen

7. Mother's Birthplace, Bal to

8. Full Name of Father, Aaron Scott

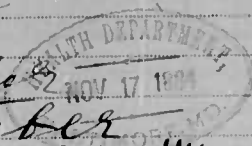
9. Father's Occupation, single

10. Father's Birthplace, Bal to

Name of Medical Attendant, or other Person who makes this return, A Wilson

Address, Howard St 4214

Remarks,



RETURN OF A BIRTH 75288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 October

4. Place of Birth, (Street and Number)

Baltimore City 343 Mulberry St

5. Full Name of Mother,

Katharine Louisa

Albrecht

6. Mother's Maiden Name,

Pelisch

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Albrecht

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Danner

Address,

60 North Schuylkill St.

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons (and child, to report the birth of the child to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and to file a certificate of birth in the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, who shall be held responsible to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother, her husband or other person, shall be liable to a fine of ten (10) dollars for each offence, and any such person who shall be liable to a fine of ten (10) dollars shall be liable to a fine of ten (10) dollars for each offence, and any such person who shall be liable to a fine of ten (10) dollars shall be liable to a fine of ten (10) dollars for each offence.

RETURN OF A BIRTH 75289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, October 31
4. Place of Birth, (Street and Number) York St 34
5. Full Name of Mother, Jenny Proctor
6. Mother's Maiden Name, Shark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Proctor
9. Father's Occupation, Single
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, A Wilson
- Address, Howard St 214
- Remarks, _____

RETURN OF A BIRTH ⁷⁵²⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind, to report its birth to the Registrar of Vital Statistics, and to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered, and other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, October 31 NOV 17 1894
4. Place of Birth, (Street and Number) Welcoming St. 40
5. Full Name of Mother, Catharine Marshall
6. Mother's Maiden Name, Marshall
7. Mother's Birthplace, Balto
8. Full Name of Father, unknown
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, J. Wilson
- Address, Howard St 214
- Remarks, _____

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs on the first or third day of the month, the person attending the birth shall report the birth of the child to the Commissioner of Health, in the manner and within the time specified in the certificate, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH⁷⁵²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December the first

4. Place of Birth, (Street and Number)

60 North Schroeder Street

5. Full Name of Mother,

Margaret Helen Perry

6. Mother's Maiden Name,

Margaret Workman

7. Mother's Birthplace,

60 North Schroeder Street

8. Full Name of Father,

John Henry Perry

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Mr. Annie Dunbar

Address,

60 North Schroeder St.

Remarks,



75292

forth of age, do not shall occur without the attendance of a physician, or of a practitioner of midwifery, to assist in the delivery, should no other person be in attendance, upon the mother, immediately thereafter, it shall then become the duty of the parent or parent of such child to report the birth and death of all non-resident children, and within a reasonable time thereafter, to the health authorities of the city or county in which the child was born, and if such parent or person shall have failed to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

.) is Sixth

Female

Colored.

No. 64,584

161. Bethel St. Baltimore.

Ada Harris

Ida Cooper

Calvin L. M.D.

Richard C. Adams

Boack... Millionare

William Lloyd

The Lannah Knolls

186 S. Caroline Street

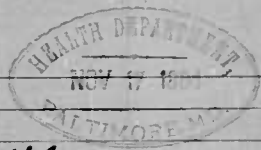


condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75291

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Nov. 11th 1884
4. Place of Birth, (Street and Number) No. 530 Hanover St.
5. Full Name of Mother Theresa Gibson
6. Mother's Maiden Name Mulligan
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Gibson
9. Father's Occupation works for Gas Company
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John M. M.D.
- Address 5 Franklin St.
- Remarks

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no such child be born, the mother or person who has charge of the child, shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above specified.

RETURN OF A BIRTH ⁷⁵²⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 11 1884*
4. Place of Birth, (Street and Number) *42 Park avenue*
5. Full Name of Mother, *Elizabeth Dose*
6. Mother's Maiden Name, *Elizabeth Burmeister*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Dose*
9. Father's Occupation, *Cabinet-maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. L. Pommer*
- Address, *No 60 North Schroeder St*
- Remarks,

RETURN OF A BIRTH

75296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov. 12th, 1904

4. Place of Birth, (Street and Number)

15 Morris Alley

5. Full Name of Mother,

Lizzie Dorsey

6. Mother's Maiden Name,

Lillian Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Wm Dorsey

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Lucy Cornitt

Address,

13 Golden Alley Md

Remarks,

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or other person present shall be liable to a fine of ten (\$10) dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to other fines and forfeitures as recoverable.

RETURN OF A BIRTH ⁷¹²⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November the 13, 1884*

4. Place of Birth, (Street and Number) *S. Caroline St. No 148*

5. Full Name of Mother, *Katharine Blessing*

6. Mother's Maiden Name, *Katharine Froelich*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *Simon Blessing*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bischbach Gr. Baden, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Stiller*

Address, *No Dallas St. No 26*

Remarks,



Particulate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner within the period above prescribed, and any person failing to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered in a summary proceeding, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵²⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 - boys & 1 Girl*

1. Sex, (state whether male or female) *1 - Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *14th day November*

4. Place of Birth, (Street and Number) *St. Germain & Pine No 25*

5. Full Name of Mother, *Louisa Sohl*

6. Mother's Maiden Name, *Louisa Prichman*

7. Mother's Birthplace, *Hannover Germany*

8. Full Name of Father, *John Sohl*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Hannover Germany*

Name of ~~Medical Attendant~~, or other Person who makes this Return, *[Signature]*

Address, *Widow Mrs. Danforth*

Remarks, *No 60 N. Howard*

birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should as otherwise be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH ⁷¹³⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November the 7 1887

4. Place of Birth, (Street and Number)

119 Bruce Street

5. Full Name of Mother,

Lizzie Virginia Badger

6. Mother's Maiden Name,

Lizzie Virginia Morris

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Benjamin Chapman Badger

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Home stead Baltimore Md

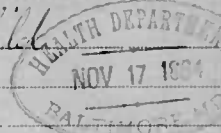
Name of Medical Attendant, or other Person who makes this Return,

Susan Slinger

Address,

21 E. B. Street

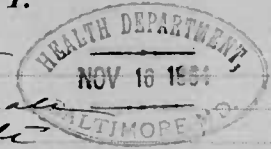
Remarks,



RETURN OF A BIRTH.

75301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 1884 Nov 17th
 4. Place of Birth (Street and Number) W. Hollins St 3 door back of Museum
 5. Full Name of Mother Ella Menden
 6. Mother's Maiden Name " Summery
 7. Mother's Birthplace Balt - Md
 8. Full Name of Father Willie Menden
 9. Father's Occupation Carpenter - Maker
 10. Father's Birthplace Balt - Md
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. R. Harrison M.D.
 Address 214 W. E. St
 Remarks Multipara

within six days thereafter, stating accurately the date of birth, sex, and color of the child or children born. As to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BIRTH 7530, 2
h, Baltimore City.

Ch. Baltimore City

- Phred. BALTIMORE

& Co., City Printer and Stationers.

71303

HEALTH DEPARTMENT
NOV 17 1934
BALTIMORE, MD.

male!

white

November 11 - 1884

311. Conway st

Elisa Cooper Geiser

Elisa Cooper

Baltimore City

August Geisler

Tinner

Baltimore City

Mr. Kunigunde Schlier

20 Columbia St.

the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered from either fine and forfeitures a recoverable.

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the person who shall hereafter be required to report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

NOV 17 1884

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 14, 1884.

4. Place of Birth, (Street and Number)

222. W. Pratt St.

5. Full Name of Mother,

Magdalena Eckstein

6. Mother's Maiden Name,

Magdalena Meyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chas. Eckstein

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Kunigunda Schlager

Address,

20. Columbia St.

Remarks,

RETURN OF A BIRTH.

75305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Nov 14th 84

4. Place of Birth (Street and Number)

271 Montgomery St

5. Full Name of Mother

Charlotte Smith

6. Mother's Maiden Name

Charlotte Johnson

7. Mother's Birthplace

Balt

8. Full Name of Father

William Smith

9. Father's Occupation

Barber

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hall M.D.

Address

262 Sharp St.

Remarks

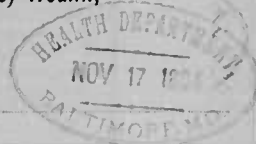


Births and Deaths, including stillbirths, are to be reported to the Office of the Registrar of Vital Statistics, Board of Health, by the parents, or other persons who make this Return.

RETURN OF A BIRTH.

75306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Ma's or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Apr. 16th

4. Place of Birth (Street and Number)

162 Raborg St.

5. Full Name of Mother

Clara Ely

6. Mother's Maiden Name

Clara Bird

7. Mother's Birthplace

Balt.

8. Full Name of Father

Thomas Ely

9. Father's Occupation

Laborer

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hall M.D.

Address

262 Sharp St

Remarks

This child was in uterus only 6 1/2 months

When this child is born, stating distinctly the date of birth, sex, age, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 5, 1884

4. Place of Birth, (Street and Number)

430 E. Baltimore St.

5. Full Name of Mother,

Mary W. Stinch

6. Mother's Maiden Name,

Mary W. Crisler

7. Mother's Birthplace,

New Orleans

8. Full Name of Father,

John W. Stinch

9. Father's Occupation,

Canner

10. Father's Birthplace,

Baltimore

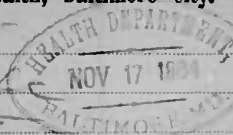
Name of Medical Attendant, or other Person who makes this Return,

Dr. W. L. Claborn

Address,

121 Holloman St.

Remarks,



com. 1000, was her child born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 71308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 22/84

4. Place of Birth, (Street and Number)

W. John St. 3 doors from Wilson

5. Full Name of Mother

Louisa Mann

6. Mother's Maiden Name

Grimes

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Mann

9. Father's Occupation

Stone Carver

10. Father's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N Greene St

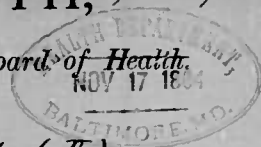
Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 7th 1894

4. Place of Birth, (Street and Number)

116 N. Poppleton

5. Full Name of Mother

Helen Isadore Watkins

6. Mother's Maiden Name

Wiernan

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Thomas Edward Watkins-

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Emis W. Knight M.D.

Address

112 N. Greene

Remarks

Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time prescribed by law, and if they fail to do so, they shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV 17 1884

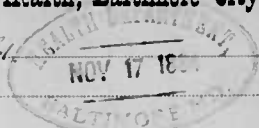
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15th of November 1884*
4. Place of Birth, (Street and Number) *69 North Chapel Street*
5. Full Name of Mother, *Eva Schmitt*
6. Mother's Maiden Name, *Eva Tim*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Matthias Tim*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Circintia Kunkel*
- Address, *71 North Chapel Street per Justina Kunkel*
- Remarks, *Free Borne Child*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time specified in the regulations of the Board of Health, and any person who fails to do so shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15th of November 1888*
4. Place of Birth, (Street and Number) *Paper Street*
5. Full Name of Mother, *Caroline Rich*
6. Mother's Maiden Name, *Caroline Reiss*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Reiss*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Prescilla Kunkel*
Address, *71 North Chapel Street per Justina Kunkel*
Remarks, *Healthy*



Certificate between the first and third day of each and every month, the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

75312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth Nov. 16th 84

4. Place of Birth, (Street and Number) Maternity Hospital

5. Full Name of Mother, Lizzie Byrd.

6. Mother's Maiden Name, "

7. Mother's Birthplace, Med.

8. Full Name of Father, —

9. Father's Occupation, —

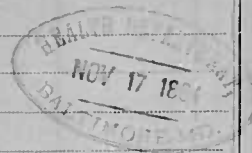
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return.

D. J. Nordmann M.D.

Address, —

Remarks, —



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother.*6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

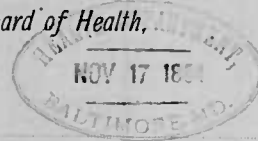
Address.

Remarks,

RETURN OF A BIRTH.

75314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 16th 1884

4. Place of Birth (Street and Number)

No 256 N Carey St.

5. Full Name of Mother

Ellen Oyle Young

6. Mother's Maiden Name

Ellen Oyle Mullikin

7. Mother's Birthplace

Pr Geo. Co. Md.

8. Full Name of Father

Alexander Young

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Geo Oyle

Address

229 N Carey St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 12 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 25 - 1884

4. Place of Birth (Street and Number)

143 N. Lombard St

5. Full Name of Mother

Florence Hughes

6. Mother's Maiden Name

" Scott

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Hughes

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr A Lewis

Address

No 2 Hammer St

Remarks

Form of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall be deemed that the child was born in the presence of a physician, or of a practitioner of midwifery, or of another person, and the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 4th 1884*

4. Place of Birth, (Street and Number) *58 Fairmount Ave.*

5. Full Name of Mother, *Annie Elizabeth Grough*

6. Mother's Maiden Name, *Milcox*

7. Mother's Birthplace, *City*

8. Full Name of Father, *James Andrew Grough*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *C. P. Jones M.D.*

Address, *275 E. Balto. St.*

Remarks, *Child healthy*

RETURN OF A BIRTH

75317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th November.

4. Place of Birth, (Street and Number)

Baltimore, 155. Paca Street.

5. Full Name of Mother,

Ella E. M. Quirk.

6. Mother's Maiden Name,

Ella E. M. Clayton.

7. Mother's Birthplace,

Annapolis

8. Full Name of Father,

George M. M. Quirk.

9. Father's Occupation,

Seagr. Manufacturer.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Eda Sadler

Address,

No. 4 New St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

75319

H

- timore City

Chubb City

RETURN OF A BIRTH

70320

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 16th 1884

4. Place of Birth, (Street and Number)

81 Harlam St.

5. Full Name of Mother,

Maggie L. McMillin

6. Mother's Maiden Name,

Maggie L. McMillin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. L. McMillin

9. Father's Occupation,

Wheeler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. McMillin

Address,

No. 2 Cathedral St.

Remarks,

On the birth of a child, the mother of such child, or children,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75321

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 5 - 1884
82 Hill st

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Mill

6. Mother's Maiden Name

" Jenkins

7. Mother's Birthplace

Balto

8. Full Name of Father

John Mills

9. Father's Occupation

Captain

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

C. A. Lewis

Address

162 Hanover st

Remarks

In case the
Commissioner of Health,
between the first and third day of each and every month to the Office of the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars
for each such case to be recovered by the Commissioner of Health, and the costs of the proceedings to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

75322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One 1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 4th 1887*
4. Place of Birth, (Street and Number) *Locust Point 112 1/2*
5. Full Name of Mother, *Bridget Durkan*
6. Mother's Maiden Name, *Bridget O'Donoghue*
7. Mother's Birthplace, *Co. Mayo Ireland*
8. Full Name of Father, *William Durkan*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Co. Mayo Ireland*
- Name of Medical Attendant, or other Person who makes this Return, *Nov. 1887*
- Address, *No 15 Cuba St*
- Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and shall be liable to other fines and forfeitures as recoverable.

RETURN OF A BIRTH.

75323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The first Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

of a white race

3. Date of Birth

12 of November 1884.

4. Place of Birth, (Street and Number)

Goodmoraleys No. 84.

5. Full Name of Mother,

Lila Shelton

6. Mother's Maiden Name,

Lila Loan

7. Mother's Birthplace,

Birthplace in Baltimore Md.

8. Full Name of Father,

Williamus Shelton

9. Father's Occupation,

Bar keeper.

10. Father's Birthplace,

Denver Kentucky

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. B. Brooks

Address,

216. Water Street

Remarks,

Dues Bill.

certificate between the first and third day of each an every month to the office of the Registrar of Births. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in addition to the fee for the certificate, the person so attending shall be liable to a fine of ten dollars for each offence, and shall be liable to a fine of ten dollars for each offence to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

75324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15 fifteen
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light brown skin
3. Date of Birth November 13
4. Place of Birth, (Street and Number) Baltimore 179 York St
5. Full Name of Mother, Eliza Crosby
6. Mother's Maiden Name, Eliza Monroe
7. Mother's Birthplace, Essex County Pa
8. Full Name of Father, Columbus Crosby
9. Father's Occupation, fireman plow maker
10. Father's Birthplace, Northumberland County Pa
- Name of Medical Attendant, or other Person who makes this Return. Miller G. S. S.
- Address, No 12 Fulton Alley
- Remarks, _____

Birthplace between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child is reported to the Commissioner of Health by a person other than the mother, the person so reporting shall be in attendance upon the mother immediately thereafter if shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered by the City and Corporation.

RETURN OF A BIRTH

7/325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of Nov. 1894
4. Place of Birth, (Street and Number) No. 51 Lombard St
5. Full Name of Mother, Maggie Phil
6. Mother's Maiden Name, Maggie Birgin
7. Mother's Birthplace, Spain
8. Full Name of Father, John Phil
9. Father's Occupation, Carpenter
10. Father's Birthplace, Spain
- Name of Medical Attendant, or other Person who makes this Return, John C. Westlake
- Address, 2113 West 4th
- Remarks, _____

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, the birth shall be recorded in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars, or other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75327

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

November 14th 1884

No. 38 S Calhoun St,

Mrs. Eugenia Mercer

" " Mother

Baltimore

Charles Carroll Mercer

Machinist

Baltimore

J. Ridgway Aird, M.D.

No 121 S Adams St

birth of any child shall occur without the attendance of a Physician or midwife, or should any other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Little Boy*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *15 day of November 1889*

4. Place of Birth, (Street and Number) *869 west Pratt st city*

5. Full Name of Mother, *Mrs Keenlock*

6. Mother's Maiden Name, *Miss Delitchman*

7. Mother's Birthplace, *Born in Baltimore city*

8. Full Name of Father, *Mr Keenlock*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Born in Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Miller*

Address, *1017 west Pratt st city*

Remarks, _____

Birth of any child shall cause without the attendance of a physician, one of a practitioner of midwifery, or other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of three children, and any child born to a mother who has previously borne three children, and in such cases the parent or parents of such child shall be exempted from the duty of reporting the birth of such child to the Board of Health, and no fine shall be levied on the parent or parents of such child for failure to do so.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4
Female
White

Nov 15

124 Fort ave

Mary E White

Ellen

Balto.

John White

Labourer

Germany

Thos. H. Hall

any person who neglects to file and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the person attending the birth shall be in attendance upon the mother, immediately thereafter, and shall, become the duty of the person attending the birth to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

7330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure a certificate of birth, and to file the same in the Office of the Commissioner of Health, within the time specified, and in default of such compliance, the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 of November 1881*
4. Place of Birth, (Street and Number) *No. 351 W. Baltimore St.*
5. Full Name of Mother, *Anna Hobbs*
6. Mother's Maiden Name, *Anna H. H. H. H.*
7. Mother's Birthplace, *B. H. H.*
8. Full Name of Father, *John Hobbs*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *B. H. H.*
- Name of Medical Attendant, or other Person who makes this Return, *John H. H.*
- Address, *No. 351 W. Baltimore St.*
- Remarks,

Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. To raise the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or any person of such child to be in attendance upon the mother, or to be present at the birth, in the manner and within the period above prescribed, and any such person or persons who shall be so guilty, shall be subject to a fine of ten dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 16. 1884*
4. Place of Birth, (Street and Number) *Cuba St No. 4*
5. Full Name of Mother, *Mary Hanley*
6. Mother's Maiden Name, *Mary Keegan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Patrick Mulvey*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

the certificate between the first and third day of each and every month to the effect of this notification, of Health. In case the certificate of a child is not received in accordance with the law, or if any doctor or practitioner of medicine, or alchemist or other person who is a licensee under the laws of this State, or any person who is a parent or guardian of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be liable to a fine of ten dollars for each offense to be recovered in a summary proceeding, and such fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 16th 1884.

4. Place of Birth, (Street and Number) 244 Dallas St

5. Full Name of Mother, *Margaret Steinhilber?*

6. Mother's Maiden Name, Minnie Cugelhardt

7. Mother's Birthplace, *America*

8. Full Name of Father, Charles Stirling

9. Father's Occupation, laborer

10. Father's Birthplace, ... *America*

Name of Medical Attendant, or other Person who makes this Return.

Address, No. 137 S. Wolfe St.

Remarks,

penalties between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a nurse, it shall be the duty of the person or persons of such child, or persons who present a child to the Commissioner of Health, to the manner and within the period above limited, and any such person or persons who shall be negligent in complying with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

NOV 18 1944

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, within the time specified in this section, and to the fine of ten (10) dollars for each offence to be recovered in any other place and for future are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

17 day of November 1884

4. Place of Birth, (Street and Number)

21 Monmouth city Baltimore

5. Full Name of Mother,

Mrs. Barryman

6. Mother's Maiden Name,

Miss Gravelle

7. Mother's Birthplace,

Born Baltimore city, M.D.

8. Full Name of Father,

Jno. Barryman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Born Reisterstown Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Keller

Address,

1017. west Pratt city

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person report the birth to the Commissioner of Health, the parent or parents of such child, or any such person, shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

75317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 of November 1890

4. Place of Birth, (Street and Number)

12 Hill St

5. Full Name of Mother,

Kelena Kiser

6. Mother's Maiden Name,

Kelena Hoffmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Kiser

9. Father's Occupation,

Engine Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Julius G. Gieseler

Address,

1111 N. 1st St

Remarks,

Source of the birth, and the same person, must be destroyed, only signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or person authorized by law to perform the duty of the parent or person, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 17 - 1884* *7:00 P. M.*

4. Place of Birth, (Street and Number) *St. J. Ave. No.*

5. Full Name of Mother, *Ella Bell Lockenschilde*

6. Mother's Maiden Name, *E. B. Kramer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Lockenschilde*

9. Father's Occupation, *Wagon Driver*

10. Father's Birthplace, *Rich. Carolina*

Name of Medical Attendant, or other Person who makes this Return *James E. Emmelle M.D.*

Address *97 E. Baltimore St.*

Remarks,

vertical line, between the first and third line of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should any other person be its attendant, upon the mother immediately thereafter, it shall then become the duty of the person so attending to cause the birth to be registered in the manner and within the period herein provided, except in the case of the birth and death of children, in which case any person or persons who shall hereafter fail to comply with the provision of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 17th 1881*
4. Place of Birth, (Street and Number) *No 257 S. B. St*
5. Full Name of Mother, *Louise Johnson*
6. Mother's Maiden Name, *Louise Beckler*
7. Mother's Birthplace, *Calvert County*
8. Full Name of Father, *Thommas Johnson*
9. Father's Occupation, *Scholar*
10. Father's Birthplace, *West River*

Name of Medical Attendant, or other Person who makes this Return *Chas. J. H. H.*

Address, *257 S. B. St*

Remarks, *Not Well But alive*

RETURN OF A BIRTH

75240

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 18

1884

4. Place of Birth, (Street and Number)

No 45 Fort Ave

5. Full Name of Mother,

Jane Parker

6. Mother's Maiden Name,

Jane McGathen

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

John Parker

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balt city md

Name of Medical Attendant,

or other Person who makes this Return

E. Hinton

Address,

No 658 Charles St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Mar 18

4. Place of Birth, (Street and Number) No 26 Barney St

5. Full Name of Mother, Ida Watkins

6. Mother's Maiden Name, Ida Wolf

7. Mother's Birthplace, York Pa

8. Full Name of Father, G. McE. Watkins

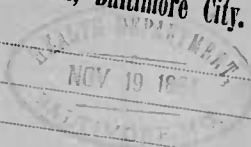
9. Father's Occupation, Glass Blower

10. Father's Birthplace, Balt city

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hinton

Address, No 658 South Charles Street

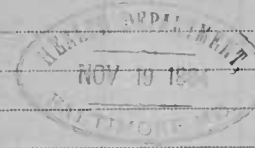
Remarks,



RETURN OF A BIRTH 75342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 19th 1884
4. Place of Birth, (Street and Number) No. 23. Patahesca Street
5. Full Name of Mother, Amelia Ruby
6. Mother's Maiden Name, Amelia Pickett
7. Mother's Birthplace, Frederic Co. Md.
8. Full Name of Father, Joseph Ruby
9. Father's Occupation, Freight Conductor B. & O. R.R.
10. Father's Birthplace, Carroll Co. Md.
- Name of Medical Attendant, or other Person who makes this Return, C. Hinton
- Address, No 658 J. Charles St
- Remarks, _____



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or person duly qualified to perform the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the State and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) W

3. Date of Birth Oct 1 / 1884

4. Place of Birth, (Street and Number) No. 16.8 George st

5. Full Name of Mother, Semi Daily

6. Mother's Maiden Name, Semi Exact

7. Mother's Birthplace, Balt

8. Full Name of Father, Jas a Daily

9. Father's Occupation, Machinist

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 23 Brinkley

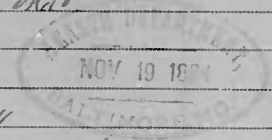
Remarks, _____

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth Octo 20 1884
4. Place of Birth, (Street and Number) 147 Hoffman St
5. Full Name of Mother, Catherine Sledge
6. Mother's Maiden Name, Cath Moten
7. Mother's Birthplace, Balt
8. Full Name of Father, John P Sledge
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balt
- Name of Medical Attendant, or other Person who makes this Return. A H Patterson M.D.
- Address, 23 Franklin
- Remarks, _____



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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Oct 1884
4. Place of Birth, (Street and Number) 89 Meeldy St
5. Full Name of Mother, Elizabeth Kolick
6. Mother's Maiden Name, Elizabeth Korf
7. Mother's Birthplace, Austria
8. Full Name of Father, Joseph Kolichak
9. Father's Occupation, Sales
10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. May Kiptnot

birth of any child shall occur without the attendance of a physician or practitioner of medicine, or without the presence of a nurse, at the residence of the mother, immediately thereafter, it shall be the duty of the person or persons of such child, to report in writing to the Commissioner of Health, in the manner and within the period, above required, and any such person who fails to do so shall be liable to a fine of not less than five dollars nor more than ten dollars, and for each offence to recover a fine of not less than five dollars nor more than ten dollars, such fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Oct 1944

4. Place of Birth, (Street and Number) 322 Thomas St

5. Full Name of Mother, May Dobson

6. Mother's Maiden Name, Mary Wojzak

7. Mother's Birthplace,

8. Full Name of Father, Charles Dobra

9. Father's Occupation, Laborer

10. Father's Birthplace, Bahia

Name of Medical Attendant, or other Person who makes this Return.

Mary Ripston

Address, 69 Washington St.

Remarks, *Henry Kipster*

[illegible]

Birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence in so recurring, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7 October 1894*

4. Place of Birth, (Street and Number) *121 S. Duane St*

5. Full Name of Mother, *Minna Miller*

6. Mother's Maiden Name, *Minna Kiehl*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Weisner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary Kopchuk*

Address, *64 N. Washington St*

Remarks, *Mary Kopchuk*



RETURN OF A BIRTH.

75357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 11, 1884*

4. Place of Birth (Street and Number) *North ave., near Harford ave. (country)*

5. Full Name of Mother *Annie Pate*

6. Mother's Maiden Name *Annie Diamond*

7. Mother's Birthplace *Baltimore city*

8. Full Name of Father *Richard C. Pate*

9. Father's Occupation *Pilot*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who make this Return.

Aug. A. Clewell M.D.

Address

559 Harford Avenue

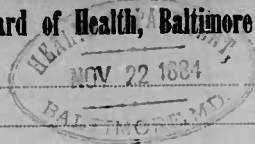
Remarks

Child healthy & well developed.

Statutes of the City of Baltimore, 1884, Chapter 10, Section 1, and Chapter 11, Section 1, require that the attendance of a physician or practitioner of midwifery, or should no other person be present, of a midwife, be reported to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the person or persons who shall have attended the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense so be recorded, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 Oct 1884

4. Place of Birth, (Street and Number) 15 Am St

5. Full Name of Mother, Francis Svarzack

6. Mother's Maiden Name, Francis Glonar

7. Mother's Birthplace, Pomeria

8. Full Name of Father, Joseph Svarzack

9. Father's Occupation, Tailor

10. Father's Birthplace, Pomeria

Name of Medical Attendant, or other Person who makes this Return, Mary Koptuch

Address, 89 N Broad St

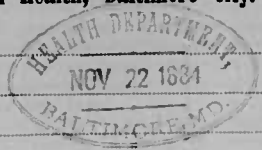
Remarks, Mary Koptuch

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall be the duty of the person or persons, in any case, to report the birth of such child to the Registrar of Vital Statistics, and to cause the same to be duly recorded, and to pay the fee for each offence to be recovered.

RETURN OF A BIRTH ⁷⁵²⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ² 2



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12 Oct 1884*

4. Place of Birth, (Street and Number) *231 W. Maryland St*

5. Full Name of Mother, *Mary Steiner*

6. Mother's Maiden Name, *Mary Hanzlik*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Vincent Steiner*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person, who makes this Return, *Mary Koptosh*

Address, *69 N. Washington St*

Remarks, *Mary Koptosh*

birth of any child shall occur without the attendance of a physician or practitioner of medicine, or other person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in accordance with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Oct 1884

4. Place of Birth, (Street and Number) 17 Canton Avenue

5. Full Name of Mother,

6. Mother's Maiden Name, Rosa Kruba

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Durvick

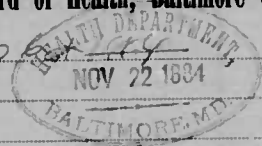
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Kipfel

Address, 69 N Washington St

Remarks, Mary Kipfel



Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so present to report the birth to the Registrar of Vital Statistics, and to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Oct 1884

4. Place of Birth, (Street and Number) Castle St

5. Full Name of Mother, May Jones

6. Mother's Maiden Name, May Matena

7. Mother's Birthplace, Bolivia

8. Full Name of Father, Joe Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Bolivia

Name of Medical Attendant, or other Person who makes this Return, May Kipford

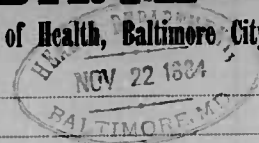
Address, 68 N. Market St

Remarks, May Kipford

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be its attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 16/1884*

4. Place of Birth, (Street and Number) *113 Chart St*

5. Full Name of Mother, *Elizabeth Fisher*

6. Mother's Maiden Name, *Elizabeth Fisher*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George H. H. H.*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary Kipfist*

Address, *69 N. Washington St*

Remarks, *Mary Kipfist*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 18 1884.*
4. Place of Birth (Street and Number) *256 N. Bond street*
5. Full Name of Mother *Emma Bryan*
6. Mother's Maiden Name *Emma Klose*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Chas. B. Bryan.*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug. A. Clewell M.D.
559 Hanford ave.

71358

of Health, Baltimore City.

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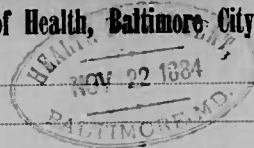
W. & Co., City Printers and Stationers.

Birth of any child shall occur within a distance of a mile from the place of birth, or should no other person be present, the mother, immediately thereafter, shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3



1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 Oct 1884

4. Place of Birth, (Street and Number) 208 Broadway

5. Full Name of Mother, Anna Loganska

6. Mother's Maiden Name, Anna Loganska

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius Smala

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Hoptok

Address, 69 N Washington St

Remarks, Mary Hoptok

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, and the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d Siebert*
1. Sex, (state whether male or female) *(7th) Siebert Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *12th August.*
4. Place of Birth, (Street and Number) *137 Columbia av.*
5. Full Name of Mother, *Amelia Lamp.*
6. Mother's Maiden Name, *Amelia Ernst.*
7. Mother's Birthplace, *Sachsen Germany*
8. Full Name of Father, *Paul R. Lamp.*
9. Father's Occupation, *Beer Slinger*
10. Father's Birthplace, *Dalherda Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs. D. D. D.*
Address, *40 North Schaefer St.*
Remarks,

any person who shall fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

~~2 Girls~~ ~~4 Boys~~

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 17th 1884

4. Place of Birth, (Street and Number)

354 Hollins St

5. Full Name of Mother,

Margaretta Eckhardt

6. Mother's Maiden Name,

Margaretta Ackler

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Mr. Eckhardt

9. Father's Occupation,

Manufacturer of Picture Frames

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return

Mrs. D. D. D.

Address,

40 North Howard St.

Remarks,

RETURN OF A BIRTH

75362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 22, 1884

4. Place of Birth, (Street and Number)

100 & 102 East Ave

5. Full Name of Mother,

Johanna Lipple

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Md.

8. Full Name of Father,

John M. Lipple

9. Father's Occupation,

Shoekeeper

10. Father's Birthplace,

Md.

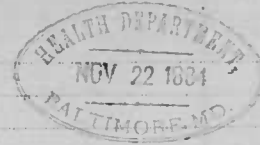
Name of Medical Attendant, or other Person who makes this Return.

Robert S. Lowe, Md.

Address,

333 Light St

Remarks,



RETURN OF A BIRTH 71363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Polard

3. Date of Birth, November 3th 1884

4. Place of Birth, (Street and Number) No 3 Lownman alley

5. Full Name of Mother, Lucinda Triggs

6. Mother's Maiden Name, L. Matches

7. Mother's Birthplace, west river

8. Full Name of Father, J. Triggs

9. Father's Occupation, Deck hand

10. Father's Birthplace, west river

Name of Medical Attendant, or other Person who makes this Return Milly Blake

Address, Healthy

Remarks, No 53 Carlton St.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly licensed by the Board of Health, or of a person who shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and within the period above specified, to pay to the Registrar the fee of ten dollars, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 4 / 1874

4. Place of Birth, (Street and Number)

14 S. Broadway

5. Full Name of Mother,

Rose Marie

6. Mother's Maiden Name,

Rose Berenheimer

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Emanuel Marie

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. H. Schubert

Address,

Remarks,

RETURN OF A BIRTH

75365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child. ✓

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

4 November 1884

4. Place of Birth, (Street and Number)

Pine st. 122

5. Full Name of Mother,

Ophelia Snyder

6. Mother's Maiden Name,

Ophelia Eger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Godfrey Snyder

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Dumbler

Address,

20 North Howard St.

Remarks,

Birth of any child shall occur without the attendance of a physician or midwife, or should an other person attend the birth, the person so attending shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health.

RETURN OF A BIRTH ⁷⁵³⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 6th 84

4. Place of Birth, (Street and Number)

374 West St.

5. Full Name of Mother,

Anna Reese

6. Mother's Maiden Name,

Rudolph

7. Mother's Birthplace,

Km - Hessen

8. Full Name of Father,

Henry Reese

9. Father's Occupation,

Printer - maker

10. Father's Birthplace,

Km - Hessen

Name of Medical Attendant, or other Person who makes this Return,

Mary Koch

Address,

328 S. Eutan St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report for such child to the Registrar of Vital Statistics, Baltimore City, within the time specified in this section, and for each offence to be recovered. As other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 8th 1884

4. Place of Birth, (Street and Number) # 288 Hamburg St.

5. Full Name of Mother, Mary Fambach

6. Mother's Maiden Name, Wambach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Fambach

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Koch

Address, # 328 S. Center St.

Remarks,

Report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female NOV 19 1881

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 8th 1881

4. Place of Birth, (Street and Number)

211 Preston

5. Full Name of Mother,

May Loring

6. Mother's Maiden Name,

Christy

7. Mother's Birthplace,

Concord County

8. Full Name of Father,

Wesley Loring

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Concord County

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Johnson

Address,

Remarks,

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9th 1884

4. Place of Birth, (Street and Number)

73 Wyeth St

5. Full Name of Mother,

Rachael Katmeyer

6. Mother's Maiden Name,

Kraemer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Emil Katmeyer

9. Father's Occupation,

Leather Binder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mary Koch

Address,

328 S. Eubank St.

Remarks,

In case the birth of a child shall occur within the month of the Commissioner of Health, in the manner and within the period since required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st

Male

11

Nov 9th 94

350 N. Charles St

Mabelde Barke

Stabich

Virginia

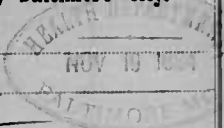
Columbiana Barke

Pharmacist

Baltimore

Mary Koch

328 S. Eutamia



certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the mother, or any other person who shall have been present at the birth, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Emma Helena Krantz
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 10 1884
4. Place of Birth, (Street and Number) # 7 Little Church St.
5. Full Name of Mother, Helen Krantz
6. Mother's Maiden Name, Lapke
7. Mother's Birthplace, Han-hessen, Germany
8. Full Name of Father, William Krantz
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mary Koch
Address, # 328 S. Calver St.
Remarks,

RETURN OF A BIRTH.

75372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 10th 1884

4. Place of Birth (Street and Number)

362 Madison Ave

5. Full Name of Mother

Mary Clara Hoatzog

6. Mother's Maiden Name

Miss Perry nee Vickers

7. Mother's Birthplace

Chesterton Ind

8. Full Name of Father

William Hoatzog

9. Father's Occupation

Tobacco Broker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

Elias C. Price M.D.

Address

262 Madison Ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

In case the birth of any child shall occur without the attendance of a Physician or midwife, the person or persons who shall have been present at the birth of such child, to the best of their knowledge and belief, shall be held responsible for each offence to be recovered, and any such person or persons who shall have been present at the birth of such child, shall be held responsible for each offence to be recovered, and any such person or persons who shall have been present at the birth of such child, shall be held responsible for each offence to be recovered.

RETURN OF A BIRTH ^{7/373}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov. 10th 94

4. Place of Birth, (Street and Number) # 739 Light St.

5. Full Name of Mother, Delora Brown

6. Mother's Maiden Name, Crambler

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, William Brown

9. Father's Occupation, Butter dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Cook

Address, # 328 S. Eutan St.

Remarks, _____

RETURN OF A BIRTH.

75374

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *male and female*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *Decr 11th of November*

4. Place of Birth (Street and Number) *Hamburg St 21*

5. Full Name of Mother *Sadie Benson*

6. Mother's Maiden Name *Sadie Enis*

7. Mother's Birthplace *Baltimore MD*

8. Full Name of Father *Richard Benson*

9. Father's Occupation *Cigar Shopkeeper*

10. Father's Birthplace *Baltimore MD*

Name of Medical Attendant, or other Person who makes this Return.

Address *Sash Yasco No 224 Hughes Street*

Remarks

RETURN OF A BIRTH ⁷⁵²⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male* ^{20 1884}

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 11 1884*

4. Place of Birth, (Street and Number) *168 E Green St*

5. Full Name of Mother, *Sarah Stern*

6. Mother's Maiden Name, *Sarah Knoff*

7. Mother's Birthplace, *U.S.*

8. Full Name of Father, *Sol Stern*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *U.S.*

Name of Medical Attendant, or other Person who makes this Return *A. J. Medinwald*

Address, *88 W. Eutaw St*

Remarks,

75376

the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter shall be the duty of the person or persons of such child, to report in birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereinafter be required to report in birth to the Commissioner of Health, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered by the State as above provided, and such persons shall be liable and forfeitors are recoverable.

2 ud

Female

White.

Thurs. 11th 84

567 Sawyer St.

Rebecca Kennessy

Neuman

Baltimore

John Hennessy

Railroad Inspection

13 Baltimore

Mary Krah

4 3.28

S. Entwistle.

RETURN OF A BIRTH ⁷⁵²⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Anglo-complexion*

3. Date of Birth, *November 11th 1884*

4. Place of Birth, (Street and Number) *66 Laver St*

5. Full Name of Mother, *Jane Smith*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Howard Co. Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7/3/8

It is the duty of the physician, or of a practitioner of midwifery or other person, who is called upon to attend a woman in childbirth, to advise the parent or parents of such child to report to the Board of Health, in the manner, and during the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who, hereafter fail to comply with the provisions of this section shall be subject to any one or more of the penalties which relate, to be recovered as other fines and penalties are recoverable.

First

Female

White

Twelveth day of November

351 N. Gay Street

Mary Catherine Tröegelin

do do Beckmann

Baltimore Md

Christopher Voegelin Jr.

Cabinet Maker

Baltimore Maryland

Isabella Oliver

den Mes Batimone Mol

. : (17) PRINTING AND DISTRIBUTION.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parent or parent of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov. 12th, 1884*

4. Place of Birth, (Street and Number) *No. 23, L. Avenue*

5. Full Name of Mother, *Cate, G. Bruff*

6. Mother's Maiden Name, *" " Dapp*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Joshua O. Bruff*

9. Father's Occupation, *Iron Moulder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. L. Russell*

Address, *238 N. Broadway*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to give notice of its birth to the Registrar of Vital Statistics, and to file a true and correct copy of this Return, in the office of the Registrar, within the time specified in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

12 November

4. Place of Birth, (Street and Number)

154 York St Baltimore City

5. Full Name of Mother,

Annie Kurtz Green

6. Mother's Maiden Name,

Annie Kurtz

7. Mother's Birthplace,

St Marys County Md

8. Full Name of Father,

Samuel Green

9. Father's Occupation,

Porter

10. Father's Birthplace,

St Marys County Md

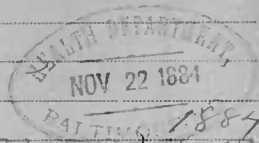
Name of Medical Attendant, or other Person who makes this Return.

Emily Hughes

Address,

136 York St Balto.

Remarks,

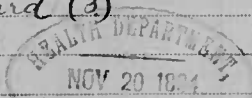


Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child, to cause a Return of the Birth of such child to be made to the Registrar of Vital Statistics, and if such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵³⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 12, 1884* *(Avenue)*
4. Place of Birth, (Street and Number) *Baltimore City 40 S Carrollton*
5. Full Name of Mother, *Annie R. Cline*
6. Mother's Maiden Name, *Annie R. Youngling*
7. Mother's Birthplace, *New Windsor, Carroll Co., Md.*
8. Full Name of Father, *Eli Cline*
9. Father's Occupation, *Molder*
10. Father's Birthplace, *Elkridge Landing*
- Name of Medical Attendant, or other Person who makes this Return, *Edman Slaughter*
- Address, *21 No Pappleton St*
- Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and for each offence to be repeated, as other duties and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 13 1884

4. Place of Birth, (Street and Number)

Baltimore N^o 99 Poppelton St

5. Full Name of Mother,

Mary M. McConnell

6. Mother's Maiden Name,

Mary M. McConnell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Phillip J. Knell

9. Father's Occupation,

Coal and wood Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Shuster

Address,

21 Mc Poppelton St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

71383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 13th 1887*
4. Place of Birth, (Street and Number) *Enoch Pratt Free Library*
5. Full Name of Mother, *Georgie Dickson*
6. Mother's Maiden Name, *Georgie Lewis*
7. Mother's Birthplace, *Monticello Alabama*
8. Full Name of Father, *Daniel D. Dickson*
9. Father's Occupation, *Janitor, Enoch Pratt Free Library*
10. Father's Birthplace, *Warwick County Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. P. ...*
- Address, *14 S. ... St*
- Remarks, _____

NOV 19 1887

RETURN OF A BIRTH ⁷¹³⁸²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov 14th 1884

4. Place of Birth, (Street and Number) 136 Fairmount Ave

5. Full Name of Mother, Rosa Goldsmith

6. Mother's Maiden Name, Guteman

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Guteman

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. U. Gostyke

Address,

Remarks, Twins

Any child born in Baltimore City, who is not reported to the Registrar of Vital Statistics, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7528A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *November 14, 1894.*
4. Place of Birth (Street and Number) *No. 571 Linguith street.*
5. Full Name of Mother *Anna Shafer.*
6. Mother's Maiden Name *Anna Weidner.*
7. Mother's Birthplace *Maryland.*
8. Full Name of Father *Theodore Shafer.*
9. Father's Occupation *Crankman.*
10. Father's Birthplace *Pennsylvania.*
- Name of Medical Attendant, or other person who makes this Return. *Aug. C. Clewell M.D.*
- Address *534 Harford ave.*
- Remarks *Child healthy & well developed.*

should pay other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the mother to report the birth of the child to the Board of Health, in the manner, and within the time, and under the penalty, provided in this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

7538k

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th Nov. 1884*

4. Place of Birth, (Street and Number) *21 N. Chester*

5. Full Name of Mother, *Martha Annis McC. Clintock*

6. Mother's Maiden Name, *Field*

7. Mother's Birthplace, *Phila. Pa.*

8. Full Name of Father, *Robert McC. Clintock*

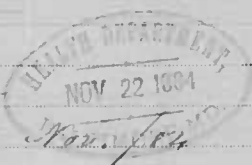
9. Father's Occupation, *Rail Road Supervisor*

10. Father's Birthplace, *Wilmington Delaware*

Name of Medical Attendant, or other Person who makes this Return *E. P. Brown M.D.*

Address, *4375 E. Baltimore St.*

Remarks, *Child healthy*



RETURN OF A BIRTH.

75287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex, (state whether male or female) *Male child*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth *November 15*
4. Place of Birth, (Street and Number) *261 Crockett St. Eliza Spring*
5. Full Name of Mother, *Eliza Browner*
6. Mother's Maiden Name, *Eliza Spring*
7. Mother's Birthplace, *Labert Co.*
8. Full Name of Father, *George Browner*
9. Father's Occupation, *Oyster Shuter*
10. Father's Birthplace, *Kentilly Co.*

Name of Medical Attendant, or other Person who makes this Return, *Willey Gross*

Address, *12 Plum Alley*

Remarks,

Birth of any child shall come without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such fee as may be prescribed by the Board of Health, and the said fee, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷¹³⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Male

3. Date of Birth, Nov 15th 1894

4. Place of Birth, (Street and Number) 73 Register St

5. Full Name of Mother, Amelia Fritz

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Germany

8. Full Name of Father, William Fritz

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Goetzke

Address, 55 South Bond St

Remarks,

certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City, in case the birth of a child is not reported by the mother, immediately thereafter it shall become the duty of the person or persons, and any such person or persons who shall hereafter be required to report the birth of a child, to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15th 84

4. Place of Birth, (Street and Number) # 220 Lexington Ch

5. Full Name of Mother, Catherine Baber

6. Mother's Maiden Name, Hendrichle

7. Mother's Birthplace, Lachau - Weimar

8. Full Name of Father, Christian Baber

9. Father's Occupation, Reclamant

10. Father's Birthplace, Lachau - Weimar

Name of Medical Attendant, or other Person who makes this Return, Mary Koch

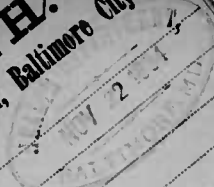
Address, # 328 S. Euterich

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth 16 November 1884
 4. Place of Birth, (Street and Number) 404 S. Charles St.
 5. Full Name of Mother, Ernestine Wählmann
 6. Mother's Maiden Name, Germany
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Adolph Wählmann
 9. Father's Occupation, Tobacco worker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Caroline Lehmann
 Address, 5 Elizabeth Lane, Baltimore, Md.
 Remarks, Boys Mr.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 16 November 1884
4. Place of Birth, (Street and Number) 404 S. Charles Str.
5. Full Name of Mother, Ernestine Wehland
6. Mother's Maiden Name, geb. Ernestine Rothe
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolph Wehland
9. Father's Occupation, Tobacco worker
10. Father's Birthplace, Germany

Address, Caroline Schreier

practitioner, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, the person or persons attending the birth shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report the birth to the Office of the Registrar of Health, in the manner and within the period above prescribed, and any such person failing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH⁷⁵³⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rudolph Henry - Given Name
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 16th 1884*

4. Place of Birth, (Street and Number) *417 Light St.*

5. Full Name of Mother, *Augusta Dickbart*

6. Mother's Maiden Name, *Eckhoff*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Julius Dickbart*

9. Father's Occupation, *Confectioner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *J. Schaeffer midwife*

Address, *330 Harrower St.*

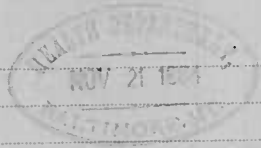
Remarks, *12-2-53*
h.m.

RETURN OF A BIRTH 75392

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, November 16th 1884
 4. Place of Birth, (Street and Number) Fort ave No 196
 5. Full Name of Mother, Emma Schmick
 6. Mother's Maiden Name, Emma Bruff
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Philip Schmick
 9. Father's Occupation, La. Coor
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Catherine Hornung
 Address, No 18 Byrd st
 Remarks,



In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the mother or other person shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁷¹³⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 16th 84. 3.56 O'clock PM

4. Place of Birth, (Street and Number)

872 W Balto St

5. Full Name of Mother,

Anna Jones Mod.

6. Mother's Maiden Name,

Anna Jones Ridgely

7. Mother's Birthplace,

Prince George's County Md

8. Full Name of Father,

James John Wilson Mod.

9. Father's Occupation,

Balto City Clerk & Tobaccoist

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Susan Shuster

Address,

21 No Poppleton St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner provided in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Nov 16 h

206 Preston St

Mary Le Addison

See

Baltimore

Edmond Addison

Porter

Baltimore Ct

Dr. J. S. 94 Lyman St

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence so committed, as other laws and regulations are recoverable.

RETURN OF A BIRTH

75395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

female

NOV 21 1884

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 Nov. 1884

4. Place of Birth, (Street and Number)

453 W. Lombard St

5. Full Name of Mother,

Margaretta Oehl

6. Mother's Maiden Name,

Margaretta Wilhelm

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Wm. Henry Oehl

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Susan Shuster

Address,

21 No. Poppleton St

Remarks,

Birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person so attending to report the birth to the Commissioner of Health, within the provisions of this section, and be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. ⁷⁵³⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth *17th day of November*

4. Place of Birth, (Street and Number) *134 1/2 Saratoga Street*

5. Full Name of Mother, *Gertrude Elizabeth Pearson*

6. Mother's Maiden Name, *Gurrier*

7. Mother's Birthplace, *Ipswich, Suffolk, England*

8. Full Name of Father, *Charles James Pearson*

9. Father's Occupation, *Sea Broker, Alton*

10. Father's Birthplace, *Cambridge, County Cambridge, England*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Macnall*

Address, *# 228 Saratoga St.*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or other person, who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁷⁵³⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White NOV 19 1884
3. Date of Birth, Nov. 17th 1884
4. Place of Birth, (Street and Number) # 220 Leall St.
5. Full Name of Mother, Mary Schneck
6. Mother's Maiden Name, Leubner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Schneck
9. Father's Occupation, Book Binder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary Roach
- Address, # 328 S. Eutan St.
- Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth of the child to the Commissioner of Health, within the time specified in the regulations, and any such person who fails to do so shall be liable to the fine of ten (10) dollars, or other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Nov 17 1884
4. Place of Birth, (Street and Number) Gasper St 105
5. Full Name of Mother, Juanari Brown
6. Mother's Maiden Name, Jessan Collier
7. Mother's Birthplace, Mother St. Mary, et.
8. Full Name of Father, Frank J. Brown
9. Father's Occupation, House
10. Father's Birthplace, Father St. Mary Co
- Name of Medical Attendant, or other Person who makes this Return, Chas. Johnson
- Address, 947 Gasper St
- Remarks, _____



In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall have been present at the birth of such child, to cause a return to be made to the Office of the Registrar of Vital Statistics, in accordance with the provisions of this section, and on such return to be made to the Office of the Registrar of Vital Statistics, in accordance with the provisions of this section, shall be entitled to the fine of ten (10) dollars as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth 18th November 1884.
4. Place of Birth, (Street and Number) 750 S. Charles St.
5. Full Name of Mother, Emilie Kirchwehn.
6. Mother's Maiden Name, Emilie Mitzner.
7. Mother's Birthplace, Danzig, in Germany.
8. Full Name of Father, Emil Kirchwehn.
9. Father's Occupation, Tobacco worker.
10. Father's Birthplace, Danzig, in Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address, Caroline Schwartz, midwife.

Remarks, 5 Elisabeth Aly, Balto. Md.

75400

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no person be in attendance upon the mother, immediately thereafter, it shall then become the duty of any person who has knowledge of the birth of a child to report its birth to the Board of Health, in the manner, and within the period also prescribed by the Board of Health. Any person who fails to do so shall be liable to a fine of ten dollars. Any person who knowingly and willfully furnishes false information to the Board of Health, or who knowingly and willfully fails to comply with the provisions of this act, shall be liable to a fine of ten dollars. Any person who fails to comply with the provisions of this act, shall be liable to a fine of ten dollars. Any person who fails to comply with the provisions of this act, shall be liable to a fine of ten dollars.

2

Female

White.

18th November

Greenmount ave 162.

Vernie Davis Gordon

Marguerite Davis Parker

West Virginia

George B. Gordon

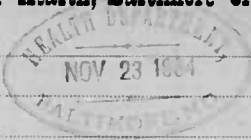
Butcher.

Baltimore

Ms Sarah Wadorn

120

Greenmount Ave



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance at the birth of the child, or shall the mother, having been so attended, thereafter fail to report the birth of the child to the Registrar of Vital Statistics, within the period of ten days after the birth, and any such person who shall fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered by the Registrar of Vital Statistics.

RETURN OF A BIRTH 75402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1894

4. Place of Birth, (Street and Number)

57 W. Pine St.

5. Full Name of Mother.

Sarah Ann M. Donald

6. Mother's Maiden Name,

" " O'Neill

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

John M. Donald

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Cross

Address,

128 S. Poppleton St.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the father, or of the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 75403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 18 of November 1904*
4. Place of Birth, (Street and Number) *No 24 Townsend St. Balt*
5. Full Name of Mother, *Helen Labadie*
6. Mother's Maiden Name, *Maria Greenwall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harmon J. Green*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Headstadt Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. W. H. H. H. H.*
- Address, *No 170 N. York St. Balt*
- Remarks, *Baltimore Md.*
1684

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 18, 1885

4. Place of Birth, (Street and Number) Orlean St. No. 172

5. Full Name of Mother, Amalia Hergenroth

6. Mother's Maiden Name, Amalia Hahn

7. Mother's Birthplace, Wass^{er} Lib.

8. Full Name of Father, Friedrich Hergenroth

9. Father's Occupation, Laborer

10. Father's Birthplace, Wass^{er} Lib.

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, 1. Dallas St. No. 26

Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so present to report the birth of such child to the Board of Health, in the manner, and within the period, hereinafter provided, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and penalty, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7/2/05
Third
Female
White
Nov. 18th 1894
N.W. cor Washington & Frank
Agnes
Winters
Pa.
James H. Farrier
Car Driver
Pa.
Frank Smith M.D.
287 E. Charles St.

Birth of any child shall occur without the attendance of a physician or midwife, or other person, or shall be attended by any such person, or shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the State, or other rules and regulations are recommended.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *November 19, 1884*

4. Place of Birth, (Street and Number) *13 Eder St. 1884*

5. Full Name of Mother, *Barbara Goetze*

6. Mother's Maiden Name, *Barbara Dannerl*

7. Mother's Birthplace, *Balt City*

8. Full Name of Father, *Georg A. Goetze*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bernack N. Baren Germany*

Name of Medical Attendant, or other Person who makes this Return, *May E. Müller*

Address, *16 Dallas St. N. 26*

Remarks, _____

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any other place and in any other manner as may be provided by law.

RETURN OF A BIRTH

752407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *November the 19, 1884*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Sally Brown*

6. Mother's Maiden Name, *Sally McCallor*

7. Mother's Birthplace, *Chesler County, N. Maryland*

8. Full Name of Father, *Robert Brown*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Harford County, N. Maryland*

Name of Medical Attendant, or other Person who makes this Return

Address, *N. Dallas St. No. 26*

Remarks,

NOV 21 1884

Birth of any child shall become without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period therein required, except in the cases of the birth and death of illegitimate children, and in such cases the duty of reporting shall be incumbent upon the mother, and in such cases the mother shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Swins, both male
2. Race or Color, (if not of the white race) light brown
3. Date of Birth, November 19th 1884
4. Place of Birth, (Street and Number) 2 Jenkins Court
5. Full Name of Mother, Victoria Howard
6. Mother's Maiden Name, " Maud
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, George Howard
9. Father's Occupation, Drum
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return G. Henry Chabot M.D.
- Address, 58 W. Madison St.
- Remarks, _____

PREVIOUS NAME ADDED 11-29-55 75409
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Elmer Graham Hancock

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 19 1884

4. Place of Birth, (Street and Number)

62 N Shrewsbury

5. Full Name of Mother,

Annie Hancock

6. Mother's Maiden Name,

A Pope

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

John F Hancock

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return

Edw R Graham MD

Address,

131 Columbia Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female Twin 1st & 2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 19 4/1884*

4. Place of Birth, (Street and Number) *No 583 Hancock St*

5. Full Name of Mother, *Sophia L. Green*

6. Mother's Maiden Name, *Miss*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *George Dr. Green*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Jefferson Co Va*

Name of Medical Attendant, or other Person who makes this Return, *C. Hinton*

Address, *No 638 South Charles St Baltimore*

Remarks, *7 Months, Uter gestation*

Birth of child and the mother, immediately thereafter, it shall become the duty of the person or persons who shall be in attendance at the birth of the child, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period and within the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH 707411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 19th 1884

4. Place of Birth, (Street and Number) 235 Gough St

5. Full Name of Mother, Dora Fritzes

6. Mother's Maiden Name, Heibel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Carl Fritzes

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs W. Goetzke

Address, No 55 E Bond St

Remarks,



Birth of any child shall occur without the attendance of a physician or registered nurse, and shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the Registrar of Vital Statistics, Board of Health, Baltimore City, as other laws and ordinances are respectively.

RETURN OF A BIRTH

75412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

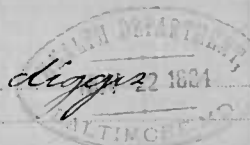
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Ida Digger
maile
Colored
November 20 1894
Richburg St 257
Not married
Philadelphia
Ida Digger
Patier Matchers
a cobb man
Baltimore
Misses Carline Jordan
~~1st~~ ~~Chesnut~~ St
No 2 South St



Birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery or attend on other person to be in attendance at the birth of the child, and any such person who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 20th*

4. Place of Birth, (Street and Number) *No. 18 Grant St.*

5. Full Name of Mother, *Seneca Selner*

6. Mother's Maiden Name, *" Hermann Albrecht*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Heinrich Selner*

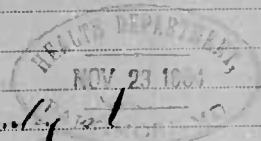
9. Father's Occupation, *Carpenter Germany*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Louisa Siemens*

Address, *No. 10 Grant St.*

Remarks,



be in attendance upon the mother, immediately thereafter to sign and file with the Registrar a statement of the birth, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 2, 1894*

4. Place of Birth, (Street and Number) *No. 38 Kent Avenue*

5. Full Name of Mother, *Mary Catherine Ringsdorf*

6. Mother's Maiden Name, *" " Bartlett*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Georg Ringsdorf*

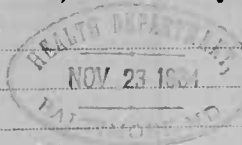
9. Father's Occupation, *Wood Molder*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return, *Solomon Simon*

Address, *No. 70 Grand St.*

Remarks,



RETURN OF A BIRTH, 752/15

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Thursday Mar 26th 1884

4. Place of Birth, (Street and Number) No 876 W Pratt St

5. Full Name of Mother Mary Gash

6. Mother's Maiden Name Mary Shibe

7. Mother's Birthplace Maryland

8. Full Name of Father John P. Gash

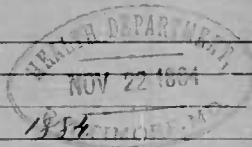
9. Father's Occupation Painter

Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Wolf

Address No 27 Barclay St

Remarks



continued, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

7/4/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 20 - 1884

4. Place of Birth, (Street and Number)

No. 17 Clarkson St.

5. Full Name of Mother,

Mary Cassell

6. Mother's Maiden Name,

Brook

7. Mother's Birthplace,

America

8. Full Name of Father,

Hermon Cassell

9. Father's Occupation,

Painter

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwabert midwife

Address,

330 Hanover St.

Remarks,

certification between the first and third day of each month every month to the office of the Registrar of Vital Statistics, Baltimore City, for the purpose of filing the same. The fee for each certificate shall be ten (10) dollars. The fee for each certificate shall be ten (10) dollars. The fee for each certificate shall be ten (10) dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *November the 20. 1882*

4. Place of Birth, (Street and Number) *Walker St. No. 22*

5. Full Name of Mother, *Margaretta Brinning*

6. Mother's Maiden Name, *Margaretta Wick*

7. Mother's Birthplace, *Unterrade, N. Bavern, Germany*

8. Full Name of Father, *Johann H. Brinning*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Amsten, N. Prussia, Germany*

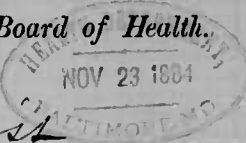
Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Ballas St. No. 26*

Remarks,

RETURN OF A BIRTH, 7/5/18

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 21, 1884

4. Place of Birth, (Street and Number)

42 Brewster Al-

5. Full Name of Mother

Maggie Vane

6. Mother's Maiden Name

" Martin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edridge Vane

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. M. J.

Address

282 W. Lombard St

Remarks

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the method name of the mother of such child or children.

RETURN OF A BIRTH ⁷⁵⁴¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

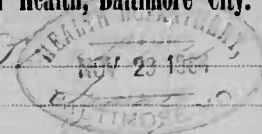
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



22d of November
No 227 Bayside Street
Cecilia Miller
Cecilia Smith
German
Joseph Miller
German
German
Cecilia Miller
No 173 Highland Ave
Baltimore Md
1884

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person who shall be licensed by the Board of Health, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st / Dec / 24 1884

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 22nd 1884

4. Place of Birth, (Street and Number) 6 Burke St.

5. Full Name of Mother, Mary D. Hughes

6. Mother's Maiden Name, McGinnis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Hughes

9. Father's Occupation, Commission Dealer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, James E. Williams, M.D.

Address, 417 E. Pratt Street

Remarks, _____

RETURN OF A BIRTH, 7/5/22

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 23^d 1884

4. Place of Birth, (Street and Number)

150 E. Baltimore St.

5. Full Name of Mother

Elizabeth S. Uttermohe,

6. Mother's Maiden Name

" " Davis,

7. Mother's Birthplace

Wales.

8. Full Name of Father

Augustus A. W. Uttermohe

9. Father's Occupation

Jeweller

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

Address

150 S. Franklin St.

Remarks

name of the mother of such child or children.

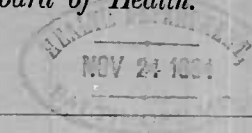
name of the mother of such child or children.

RETURN OF A BIRTH,

7/1/23

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 23d 1884

4. Place of Birth, (Street and Number) No 9 Hill St.

5. Full Name of Mother Melissa Craig

6. Mother's Maiden Name W. Bradley

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Frank Craig

9. Father's Occupation Employed in erecting yard, Portsmouth Va.

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return John Morris M.D.

Address 5 Franklin St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 18, 1884

4. Place of Birth, (Street and Number) 1018 1/2 Patterson Park St

5. Full Name of Mother, Emma Henderson

6. Mother's Maiden Name, Croswell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Henderson

9. Father's Occupation, Seamond

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah P. Harington

Address, 1018 1/2 Patterson St

Remarks,

should no other person be in attendance when the mother is immediately afterwards it shall then become the duty of the person or persons who shall be present at the birth, and of the physician, if any, to fill in this return, and to forward it to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, except in the cases of the birth, and deaths of illegitimate children, and in such cases the person or persons who shall be present at the birth, and of the physician, if any, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 8/1884

4. Place of Birth, (Street and Number)

66 Harrison St

5. Full Name of Mother,

Rebecca Smith

6. Mother's Maiden Name,

4 Cohen

7. Mother's Birthplace,

Berlin, in Prussia

8. Full Name of Father,

Frederick Smith

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Russia Poland

Name of Medical Attendant, or other Person who makes this Return

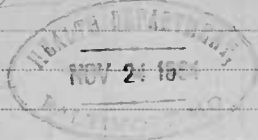
Wm. H. Smith, M.D.

Address,

No. 25 N. Front Street

Remarks,

Baltimore 1884



should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to resort to the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2nd Aug.

4. Place of Birth, (Street and Number) 335 William St.

5. Full Name of Mother, Lizzie Pape

6. Mother's Maiden Name, Howell

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Pape

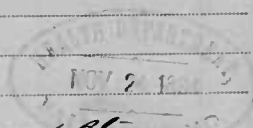
9. Father's Occupation, Balmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Baddenbom

Address, 166 S. P. Co.

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2nd August

4. Place of Birth, (Street and Number) 45 Woodward St.

5. Full Name of Mother, Amelia Spiess

6. Mother's Maiden Name, " Anegg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Spiess

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Bordenbom

Address, 166 S. Paca

Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or of the person or persons in attendance upon the mother, to cause the birth of the child to be registered in the office of the Registrar of Vital Statistics, within the time specified in the provisions of the law relating to the registration of births, and any person or persons who shall fail to comply with the provisions of the law relating to the registration of births, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not less than \$10, nor more than \$50, for each offense, to be recovered as other laws and regulations may provide.

7142.8

[illegible]

32

Female

white

7th August

24 Etting St.

Mary Park

11. *Heckea*

Germany

Henry J. Poole

Latimer

Germanus

Chas. L. Baden

166 L. Paca. et.



should not other person be in attendance when the mother, dead or living, thereat, it shall then become the duty of the person attending the birth to the birth, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2nd Sept.

4. Place of Birth, (Street and Number) 144 Johnson

5. Full Name of Mother, Laura Mueller

6. Mother's Maiden Name, Dr. Vaughan

7. Mother's Birthplace, Queen Ann. Co.

8. Full Name of Father, Chas. Mueller

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Bradenton

Address, 166 S. Race

Remarks, _____

7432

[illegible]

126.

Female
115

white

Sept. 15th

59 Randel

Henrietta Minnerman

House

Baltimore

Bern. Himmelman

Taylor

Germany 1860

E. L. Borden

166 S. Locust St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3rd Oct.

4. Place of Birth, (Street and Number) 140 Ramsey

5. Full Name of Mother, Hedina Wirth

6. Mother's Maiden Name, " Chevalier

7. Mother's Birthplace, Germany

8. Full Name of Father, William Wirth

9. Father's Occupation, Machinist

10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbahn

Address, 166 S. Paca

Remarks, _____

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time prescribed herein, and shall be subject to the provisions of this section shall be subject to a fine of ten dollars, which shall be recoverable.

shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th Oct.

4. Place of Birth, (Street and Number)

108 Columbia ave.

5. Full Name of Mother,

Annie Baubana

6. Mother's Maiden Name,

Schmiske

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Baubana

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

W. L. Buddenhopf

Address,

166 S. Eoca.

Remarks,

Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the nearest Registrar of Vital Statistics, and to file a statement of the birth of such child in the office of such Registrar, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

13th Oct.

4. Place of Birth, (Street and Number)

2 Bolton ally.

5. Full Name of Mother,

Mary Bouchat

6. Mother's Maiden Name,

Reichert

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Bouchat

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto.

Name of Medical Attendant,

or other Person who makes this Return

G. L. Braddenholm

Address,

166 S. Paca.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75436

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Apr 4th 1884

4. Place of Birth (Street and Number)

No 262 Myrtle Avenue

5. Full Name of Mother

Annie Stibel

6. Mother's Maiden Name

Annie Keene

7. Mother's Birthplace

New Orleans

8. Full Name of Father

Robert Steward Stibel

9. Father's Occupation

Salaman

10. Father's Birthplace

Charleston, S.C.

Name of Medical Attendant, or other Person who makes this Return.

H. S. Bowie M.D.

Address

#225 St. Paul Ave. D.C.

Remarks

RETURN OF A BIRTH

75437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 8th 84

4. Place of Birth, (Street and Number)

Asipruth N Pt Lane

5. Full Name of Mother,

Martha Braden

6. Mother's Maiden Name,

Springbank

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Reabt Braden

9. Father's Occupation,

St Switch Funder

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingham

Address,

228 E Preston St

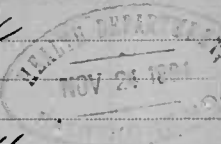
Remarks,

be in title upon the mother, immediately thereafter if shall be the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *November 8th 1884*
4. Place of Birth, (Street and Number) *144 Del st b. apton*
5. Full Name of Mother, *Louise Schlubaum*
6. Mother's Maiden Name, *Butt genet*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Schlubaum*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Chas Wiley*
- Address, *No 12 Patterson Park av*
- Remarks,



75439

shall be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as otherwise and forfeitures are recoverable.

964

Ferrule

White

Chavender 11 the 18 84

22 Patterson park-av

Scaphia dominica

her

Germany

Christophe

Baker

Germany

or other Person who makes this Return. *Mrs Wiley*

Ch. 12 Patterson Park av

Supply & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth 12 November

4. Place of Birth, (Street and Number) 58 Fayette

5. Full Name of Mother, Minnie Davis

6. Mother's Maiden Name, Reiter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Davis

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth 12 Oct. 1891

4. Place of Birth, (Street and Number) 21 Watson

5. Full Name of Mother, Adeline Supper

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

12 E. Lombard

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

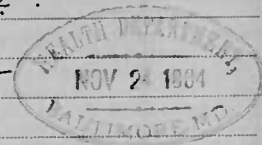
9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



RETURN OF A BIRTH

75443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Apr 13 th 84

4. Place of Birth, (Street and Number)

2 Union Ave Balto Co

5. Full Name of Mother,

Annie E. Johnson

6. Mother's Maiden Name,

2 miles

7. Mother's Birthplace,

Balto Co Ind

8. Full Name of Father,

Wm H. Johnson

9. Father's Occupation,

Brick layer

10. Father's Birthplace,

Balto Ind

Name of Medical Attendant, or other Person who makes this Return

M. B. Billings

Address,

228 E. Pratt St

Remarks,

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 15th 1884*

4. Place of Birth, (Street and Number) *17 Cannon St*

5. Full Name of Mother, *Mary Seitz*

6. Mother's Maiden Name, *Rehm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Seitz*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Miss Wiley*

Address, *No 12 Patterson Park an*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Michael Menzel*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Nov. 15th 1884*

4. Place of Birth, (Street and Number) *158 E. Collington St.*

5. Full Name of Mother, *Mary Menzel*

6. Mother's Maiden Name, *Mary Riebel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Peter G. Menzel*

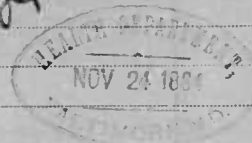
9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Miss Wiley*

Address, *No 12 Patterson Park av*

Remarks,



RETURN OF A BIRTH

75447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male NOV 21 1884

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 16

4. Place of Birth, (Street and Number) No 7 Somerset

5. Full Name of Mother, Rose Roe

6. Mother's Maiden Name, Rose Hart

7. Mother's Birthplace, England

8. Full Name of Father, Benj Roe

9. Father's Occupation, Iron Worker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Daniel V. Mogen M.D.

Address, 192 Disgrinch St.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a registered midwife, or of a nurse, or of a person who has been given the certificate of the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person who neglects to comply with the provisions of this act shall be liable to a fine of ten dollars, and each infanter to be recaptured as other fines and penalties are respectively.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 16th 1884

4. Place of Birth, (Street and Number)

82 N. Strickon

5. Full Name of Mother,

Mary R. Bigelow

6. Mother's Maiden Name,

Readett

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Edward L. Bigelow

9. Father's Occupation,

Foreman Bro. R.R. Shops

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

179 N. Howard St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth 16 November

4. Place of Birth, (Street and Number) 23 Watson

5. Full Name of Mother, Sizzie Link

6. Mother's Maiden Name, Jacob

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Link

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard

Remarks, _____

RETURN OF A BIRTH.

75450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

the paravata, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Margaret Reley 2nd Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *12:1*
 4. Place of Birth (Street and Number) *Baltimore No 17 Chesapeake st*
 5. Full Name of Mother *Margaret Reley*
 6. Mother's Maiden Name *Margaret McEach*
 7. Mother's Birthplace *Philadelphia*
 8. Full Name of Father *John Reley*
 9. Father's Occupation *Machinist*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who *Johanna L. L. L.*
 Address *118 Chesapeake st*
 Remarks

75458

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a nurse, or of a person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or persons to whom the child is committed, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such report shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, and any such fine and forfeiture are recoverable.

Male

18 November

C. D. High

Chronic Intox

Kimmel

Baltimore

John Satz

Baker

Baltimore

who Sarah Casper
rn.

ge. B. Lombard

Murphy & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a physician or practitioner of the law, or assistant, or agent, or other person, or persons, who shall be immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

18 November

4. Place of Birth, (Street and Number)

23 Cor. High & Fawn

5. Full Name of Mother,

De la French

6. Mother's Maiden Name,

Gilmer

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John French

9. Father's Occupation,

Grocery

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75453

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Nov 19th 1884

4. Place of Birth (Street and Number)

318 Masper St

5. Full Name of Mother

Maggie Sumstrom

6. Mother's Maiden Name

Deaguo

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert C Sumstrom

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. C. Warner M.D.

Address

Cor Lafayette and St. Louis St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 19/84

4. Place of Birth (Street and Number)

112 N. Paca St.

5. Full Name of Mother

Margaret Mullenberg

6. Mother's Maiden Name

Spitzell

7. Mother's Birthplace

Germany

8. Full Name of Father

Chas. H. Mullenberg

9. Father's Occupation

Turner

10. Father's Birthplace

Bath, Md.

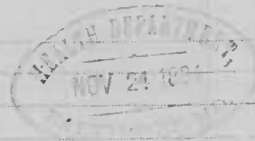
Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Rides

Address

195 N. Fremont St.

Remarks



75458

should not only care for him, but also, if possible, to place him in the custody of his mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period always required, except in the cases of the death and death of illegitimate children, and only then if the parent or persons who have had custody of such child fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, and such notice, to be recovered, as in other cases and provided in this act defining such offenses.

3

Email

Colored

20

197 South Durham St

Clair White

Mathee maiden Clara Thon

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Dancas Joe x Thomas

Father occupation married

Birth place to Batavia sick

med Nyl.

Tuskan margin

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

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Colonel.

20

190 Central Ave

Carmilla Bailey

camilla Inde

Dorchester Co. Va.

Felix Butler

La Lalar

Kent Island

Susan Progar

0

should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons designated by the Board of Health, and shall thereafter fall to comply with the provisions of this act, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20th December*

4. Place of Birth, (Street and Number) *477 E. 1st St.*

5. Full Name of Mother, *Mary Larkins*

6. Mother's Maiden Name, *" Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Conrad Larkins*

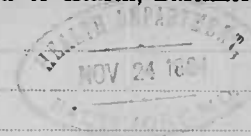
9. Father's Occupation, *carver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Address, *125 N. Caroline St.*

Remarks, _____



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

20 November

4. Place of Birth, (Street and Number)

107 E. Lombard

5. Full Name of Mother,

Barbara Meres

6. Mother's Maiden Name,

Gessofus

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Meres

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah E. Casper

Address,

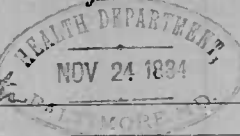
72 E. Lombard

Remarks,

RETURN OF A BIRTH, 75459

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 23/84.

4. Place of Birth, (Street and Number)

518 E. Chase St.

5. Full Name of Mother

Harriett Mason

6. Mother's Maiden Name

Smith.

7. Mother's Birthplace

England.

8. Full Name of Father

Walter C. Mason

9. Father's Occupation

Insurance Agent

10. Father's Birthplace

England.

Name of Medical Attendant, or other Person who makes this Return.

H. R. Fitchhoff M.D.

Address

205 W. Middle St.

Remarks

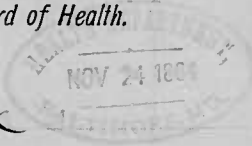
name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75460

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Nov 23/84
4. Place of Birth (Street and Number) 67 Vano St.
5. Full Name of Mother Annie S. Babb
6. Mother's Maiden Name Henson
7. Mother's Birthplace Howard Co.
8. Full Name of Father John A. Babb
9. Father's Occupation Kpr. Eating Saloon
10. Father's Birthplace Virginia
Name of Medical Attendant, or other Person who makes this Return. Wm. B. Rider
Address 175 N. Fremont St.
Remarks

Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who neglects to comply with the provisions of this act, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23^d 1884.
4. Place of Birth, (Street and Number) 24 Wilson St.
5. Full Name of Mother, Catherine R. Warthen
6. Mother's Maiden Name, Rickel
7. Mother's Birthplace, Westminster Md.
8. Full Name of Father, J. H. Henry Warthen
9. Father's Occupation, Master
10. Father's Birthplace, Frederick Co. Md.
- Name of Medical Attendant, _____ or other Person who makes this Return _____
- Address, 506 Madison Ave.
- Remarks, _____

birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, upon the mother, immediately before, during, or after the birth of the child, the duty of the person or persons so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *13 Child*
1. Sex, (state whether male or female) *Bo*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *23rd November*
4. Place of Birth, (Street and Number) *177 S. Carroll Str*
5. Full Name of Mother, *Carlein Keen*
6. Mother's Maiden Name, *Carlein Houston*
7. Mother's Birthplace, *Germania*
8. Full Name of Father, *Walt Keen*
9. Father's Occupation, *Handcarbeiter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*
Address, *N^o 202. S. Dallas Str*
Remarks, *Heb. Carlein*

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8 Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

23rd November

4. Place of Birth, (Street and Number)

N^o 147 Chappel St

5. Full Name of Mother,

Elisabeth Burleis

6. Mother's Maiden Name,

Elisabeth Heidebrandt

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Henry Burleis

9. Father's Occupation,

Labuer

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Raupmann

Address,

N^o 202 S. Dallas St

Remarks,

Hebammie

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

75-464

of Child of Mother, (state whether 1st, 2d, 3d, &c.) . . . 5

1. Sex, (state whether male or female) . . . Female

2. Race or Color, (if not of the white race) . . . White

3. Date of Birth, . . . Nov. 23rd, 84

4. Place of Birth, (Street and Number) . . . 482 N. Mount St

5. Full Name of Mother, . . . Julia Powers

6. Mother's Maiden Name, . . . Smith

7. Mother's Birthplace, . . . Baltimore

8. Full Name of Father, . . . Geo. Powers

9. Father's Occupation, . . . Blacksmith

10. Father's Birthplace, . . . Baltimore

Name of Medical Attendant, or other Person who makes this Return . . . G. W. Rogers M.D.

Address, . . . S W En-Pointe & Sturges

Remarks, . . .

RETURN OF A BIRTH

75465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 24

1884 three blocks

4. Place of Birth, (Street and Number)

blind alley court

5. Full Name of Mother,

Rachel Hood

6. Mother's Maiden Name,

7. Mother's Birthplace,

Easton Shore

8. Full Name of Father,

Wenden Gine his name

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Elisa Gipsen No 443 S. 10th St.

Remarks,

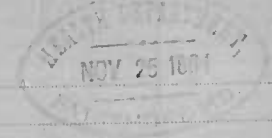
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Nov. 24, 1884.

4. Place of Birth, (Street and Number)

22 Mason's Ct.

5. Full Name of Mother,

Hennetta Turner

6. Mother's Maiden Name,

" Spence

7. Mother's Birthplace,

Engl.

8. Full Name of Father,

G. E. Turner

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

W. Edward Jarman M.D.

Address,

242 W. Elliott St.

Remarks,

vertical scale between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or father shall become the duty of the person or persons of such child, to be in attendance on the child, and shall be liable to the same penalties as are provided for in the Act of the 25th of March, 1884, for each offence to be recorded.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

November 1 1884

122 Jefferson St

Mary A Freeman

Harris

Baltimore Md

I Edward Freeman

Clerk

Baltimore Md

Mary A. Allwell

286 Mc Donogh St

Particulars, the name and place of birth of each child, and the name of the mother, shall be reported to the Office of the Commissioner of Health, in the manner and within the period above specified, and any such person who fails to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

75469
Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

106 N. Eder

4. Place of Birth, (Street and Number)

November 1, 1884

5. Full Name of Mother,

Bertha A Rhule

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Geo. H Rhule

9. Father's Occupation,

Gilder

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A Allwell

Address, 286 McTearney St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

NOV 26 1884

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 3. 1884

4. Place of Birth, (Street and Number)

Franklin & Greene Sts.

5. Full Name of Mother,

Mary Lynch

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Lynch

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Fleming M.D.

Address,

Franklin & Greene Sts.

Remarks,

parents, the date and place of birth, and the said schedule shall be filed in the Office of the Registrar of Vital Statistics. In case the birth of an individual shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above prescribed, and any person or persons who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered.

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the
person who has attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 75271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

November 3, 1884

4. Place of Birth, (Street and Number)

373 Orleans St

5. Full Name of Mother,

Catharine A McCardel

6. Mother's Maiden Name,

Nelson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph McCardel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Murrell

Address, *266 N Donogh St*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

- 3.
- Date of Birth*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, ..

- 6.
- Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, 286 McDermott st

Remarks,

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered in other than the usual manner.

RETURN OF A BIRTH.

7/27/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 6 - 84

4. Place of Birth, (Street and Number)

No 113 Chew St

5. Full Name of Mother,

Mary Snyder

6. Mother's Maiden Name,

" Stine

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Adam Snyder

9. Father's Occupation,

Finer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary et Allwell

Address, 186 McDouglass St

Remarks,

75474

of Health,
5th

Male

NO Colored

November 7, 1884

November 7, 1884

102 Jasper St.

Adelina Huber

Jones

Virginea

Samuel L. Hill

Septon

South Carolina

Groff Fleming M.D.

Attendant, makes this Return.

Remarks, _____

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

75475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

Nov. 8. 1884

4. Place of Birth, (Street and Number)

127 N. Carroll St.

5. Full Name of Mother.

Mary Agnes Larkin

6. Mother's Maiden Name,

" " Cunningham

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father.

Thomas Arthur Larkin

9. Father's Occupation,

Milk erect.

10. Father's Birthplace.

Westmoreland Co. Pa.

Name of Medical Attendant, or other Person who makes this Return

G. C. Rusk M.D.

Address,

Balt. & W. L. St.

Remarks.

Instrumental delivery.

273476

[illegible]

7th HEALTH DEPARTMENT
NOV 25 1894

Female

White

Nov 9th 1884

594 *Stratoga* et.

Annals Ristors

Sarah Berns

Balta Los Mds.

William J. Ristaro

Laburn

Baltimore City

John Pennington, M.D.

134 McQuinn letter ad

Remarks,

RETURN OF A BIRTH. ⁷⁵⁴⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

November 9, 1884

4. Place of Birth, (Street and Number)

181 Jefferson St.

5. Full Name of Mother,

Laura W. Jefferson

6. Mother's Maiden Name,

Monroe

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Robert H. Jefferson

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, *286 Mc Donogh St*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered.

has in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

Male

NOV 25 1884

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 11 - 84

4. Place of Birth, (Street and Number)

No 190 E Fayette St

5. Full Name of Mother,

Elizabeth Hand

6. Mother's Maiden Name,

" Carey

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thomas Hand

9. Father's Occupation,

Finer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A Allwell

Address, 286 N Donogh St

Remarks,

should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the physician, or other person, to attend upon the mother, and to report the birth of the child to the Registrar of Vital Statistics, within the period always required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11th 1884

4. Place of Birth, (Street and Number)

340 N. Stricker St.

5. Full Name of Mother,

Anne V. Schant.

6. Mother's Maiden Name,

Ann H. Hughes.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

William H. Schant.

9. Father's Occupation,

Telegrapher.

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

John D. Cunningham M.D.

Address,

134 N. Carrollton Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*G. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

be liable to a fine of ten dollars for each offence. If the mother, father or any other person who shall be liable to a fine of ten dollars for each offence, shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH

75481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Nov. 12

1884

4. Place of Birth, (Street and Number)

101 Jasper

5. Full Name of Mother,

Martha Boynton

6. Mother's Maiden Name,

Martha Willson

7. Mother's Birthplace,

Frederick, Md.

8. Full Name of Father,

John Willson

9. Father's Occupation,

Walter

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Johnson

Address,

94 York St

Remarks,

Any person who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth
Female
HEALTH DEPARTMENT
NOV 25 1884

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Apr 14 - 1884

4. Place of Birth, (Street and Number)

No 40 Valley St

5. Full Name of Mother,

Alice Heath

6. Mother's Maiden Name,

Alice Lannekes

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Albert Heath

9. Father's Occupation,

Painter

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, *286 Mc Donogh St*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the State.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

November 14 1884

4. Place of Birth, (Street and Number)

469 E Chase St

5. Full Name of Mother,

Margaret L Lowe

6. Mother's Maiden Name,

Spudrow

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Geo. W Lowe

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A Allwell

Address, 286 Mc Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return

Address,

Remarks,

1414-
Male
White
NOT 23

November 18th -

Piccadilly St near M^cKim

Helen Rider

Helen Wilson

Balt

Samuel Rider

Feed dealer

Penn

W. Whitridge

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 16-84

4. Place of Birth, (Street and Number)

No 49 E Eager St

5. Full Name of Mother,

Elizabeth Lambert

6. Mother's Maiden Name,

" " Mc Culloch

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Saml F Lambert

9. Father's Occupation,

Cow maker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A Allwell

Address, 286 mcDonogh st

Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth, and the Registrar shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten (10) dollars for each offence.

Birth of any child shall secure within the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and to the effect hereinafter provided, except in the cases of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars or to imprisonment for a term not exceeding thirty days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 17, 1884

4. Place of Birth, (Street and Number)

5. Charles St near Balt,

5. Full Name of Mother,

Louisa Allen

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Allen

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. C. S. Keyser, M.D.

Address,

70 Madison

Av

Bldg.

Remarks,

RETURN OF A BIRTH

75487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

30
Male *Wh*

2. Race or Color, (if not of the white race)

Wh

3. Date of Birth,

Nov 1911

4. Place of Birth, (Street and Number)

No 190 N Lomb St

5. Full Name of Mother,

Catherine Kiscels

6. Mother's Maiden Name,

Vinton

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Wennis Kiscels

9. Father's Occupation,

Shoe Shop

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Wm W. W. W. W. W.

7/5488

shall no longer be in attendance upon the other, immediately thereafter it shall then become the responsibility of the parent or parents of such child to secure its birth, maintenance, education, and support within the period above required, except in the case of the heirs and next of kin of illegitimate children, and in the case of illegitimate children, the parents shall be liable for the support of such child for a term of ten dollars per month, which reference to be recovered as other fines and penalties shall be subject to the same process as other fines and penalties.

25

Mali

White

Nov 19th 1884.

57 Schindler et

Lewis Shields

Louise Sch. H.

Balt. lit

Frank McChild

2/11/11

13 14 bit

John C. Pearson to Mrs D

134 *A. barroettii* Ad

134 N Barrothen Cnd

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

75489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 20. 1884

4. Place of Birth, (Street and Number)

13 S. Central Ave. Baltimore

5. Full Name of Mother,

Catharine Mc-Dougall

6. Mother's Maiden Name,

McLachlan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Mc-Dougall

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann Kosman

Address,

No. 10 S. Edmond St

Remarks,

RETURN OF A BIRTH, 75490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 20th 1884*

4. Place of Birth, (Street and Number) *68 Thomas St*

5. Full Name of Mother *Louisa Clara Zimmermann*

6. Mother's Maiden Name *Louisa C. Trantel*

7. Mother's Birthplace *Baltimore County Md*

8. Full Name of Father *John Henry Zimmermann*

9. Father's Occupation *Liquor Dealer*

10. Father's Birthplace *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return.

Nicholas L. Dashiell
207 S. Broadway

Address

Remarks

name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time specified in the regulations of the Board of Health, and the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as after fines and penalties are made payable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 21 1884

4. Place of Birth, (Street and Number) 38 North Market St

5. Full Name of Mother, Mary Ann Coar

6. Mother's Maiden Name, Mary Ann Hapner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Coar

9. Father's Occupation, Labour

10. Father's Birthplace, For Chester Co

Name of Medical Attendant, or other Person who makes this Return Dr H. J. Wilson

Address, 454 - Fulton St

Remarks, _____

HEALTH DEPARTMENT
NOV 25 1884

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause a return of the birth of such child to be made to the Registrar of Vital Statistics, and any person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth, November 22, 1884

4. Place of Birth, (Street and Number)

Orlean St. No. 70

5. Full Name of Mother,

Margaretha Knauer

6. Mother's Maiden Name,

Margaretha Presel

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Georg Knauer

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Miller

Address, 16 Dallas St. No. 26

Remarks,

71493

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter to call before the duty of the person or persons of such child. To report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly and unlawfully fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to which he or she may be liable. Other fines and forfeitures are recoverable.

3 Dec

RECEIVED
NOV 25 1934

White

November 4th. 23. 1881

S. M. Cor. Brass & Kane St.

Sophia E. Bauer

e, Sophia E. Lockwood.

Ball's Ldg

John B. Bauer

Tinner

Ball's City

Hass E. Miller

V. Dallas St. No. 26

John B. Bauer

certificates and record the fact and date of every birth, and every death, and every marriage, and every adoption, and every other person
birth of any child shall occur without the attendance of a physician or midwife, or person duly qualified to attend, and shall be
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 24, 1884

4. Place of Birth, (Street and Number) Low St. No. 108

5. Full Name of Mother, Henriette Urpan

6. Mother's Maiden Name, Henriette Weiss

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Martin Urpan

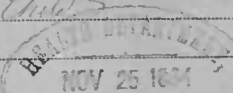
9. Father's Occupation, Taylor

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, W. Dallas St. No. 26

Remarks,



RETURN OF A BIRTH, 75495

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 24th 1887

4. Place of Birth, (Street and Number)

65 - S. Paca St

5. Full Name of Mother

Augusta Spear,

6. Mother's Maiden Name

Luchs,

7. Mother's Birthplace

Baltimore,

8. Full Name of Father

Abraham Spear,

9. Father's Occupation

Book + Shoe Dealer,

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

Address

5 - Franklin St.

Remarks

name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons present at such birth to make and sign a return of the birth of such child, and no such person or persons who shall hereunder fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

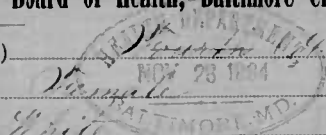
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White
October 4th 1894

No 42. Abbott St.

Maria Engelmann

Bath

Germany

John Engelmann

Labor

Germany

Josephina Rouse

No 20. Barnes St.

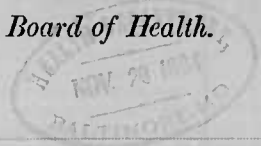
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75498

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 19. 1884.

4. Place of Birth (Street and Number) 91. Henriette St.

5. Full Name of Mother Jennie Snow

6. Mother's Maiden Name Jennie Smith

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Edgar Snow

9. Father's Occupation Carpenter

10. Father's Birthplace Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Mary B. Easley.

Address 134. Hamburg St.

Remarks Living Well

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to cause the birth of such child to be registered in the office of the Registrar of Vital Statistics, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

75499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh Nov 28, 1904

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 26, 1904

4. Place of Birth, (Street and Number)

No 15, Duncan Alley

5. Full Name of Mother,

Anna Hustak

6. Mother's Maiden Name,

Matiska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Frank Hustak

9. Father's Occupation,

Painter

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return,

Josephine Kinnard

Address,

No 20, Duncan St

Remarks,

Health of any child may occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the person attending the birth, in the manner and within the period above required, and any such person or persons who shall hereinafter be required to report in birth to the Commissioner of Health, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁷⁵⁵⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (3.1)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 28, 1884*

4. Place of Birth, (Street and Number) *No. 7, Duncan Alley*

5. Full Name of Mother, *Maria Kikacik*

6. Mother's Maiden Name, *Reich*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Joseph Kikacik*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return, *Josephine Rind*

Address, *No. 26 Barnes St.*

Remarks, _____

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be to attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁷⁵⁵⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to the provisions of this section, and shall be subjected to the fine of ten (\$10) dollars for each offence in so far as the provisions of this section apply to other acts and omissions are recoverable.

RETURN OF A BIRTH

71502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

71502
NOV 28 1889
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Registrar of Health in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

755063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30 1874

4. Place of Birth, (Street and Number)

20 E. E. Street

5. Full Name of Mother,

Maria Utrada

6. Mother's Maiden Name,

" Rios

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

James Utrada

9. Father's Occupation,

Musician

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return,

Josephus Rios

Address,

20 E. E. Street

Remarks,

RETURN OF A BIRTH.

75504

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 3^d 1884

4. Place of Birth (Street and Number) James Alley 1.

5. Full Name of Mother Margaret Baker

6. Mother's Maiden Name Margaret Browne

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Emanuel Baker

9. Father's Occupation Car-maker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary R. Casberg

Address 134 Hamburg St

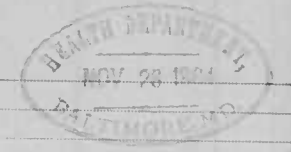
Remarks Living Well

con-
tion.
name
of the
mother
of such
child
or children.

RETURN OF A BIRTH.

75505

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

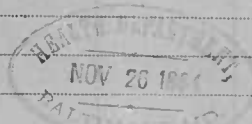
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 8th 1884*
4. Place of Birth (Street and Number) *338. Avenue St.*
5. Full Name of Mother *Fannie Eckert*
6. Mother's Maiden Name *Fannie Higgins*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Charles Eckert*
9. Father's Occupation *Baltimore Md. Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary R. Eassey*
- Address *134. Hanover St*
- Remarks *Living Well*

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, or who shall furnish false information, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, and other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁵⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 of November*
4. Place of Birth, (Street and Number) *No 8 O'Donnell St. Canton*
5. Full Name of Mother, *Francis Schubert*
6. Mother's Maiden Name, *Vijaher*
7. Mother's Birthplace, *Neuengrün Bavaria*
8. Full Name of Father, *John Schubert*
9. Father's Occupation, *Laborn*
10. Father's Birthplace, *Welfersgrün*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. J. Bohntken*
- Address, *434 Lancaster St. (Canton)*
- Remarks,

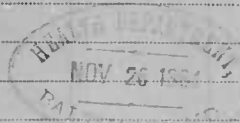


Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall be liable to a fine of ten dollars, and any such person who shall neglect to report his birth to the Commissioners of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁷⁵⁵⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st November*
4. Place of Birth, (Street and Number) *121 Chesapeake St. Canton*
5. Full Name of Mother, *Francis Clark*
6. Mother's Maiden Name, *Wasket*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Clark*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs E. Behrman*
- Address, *434 Lancaster St*
- Remarks, *Canton*



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars, and the parent or parents of such child, shall be subjected to the fine of ten (10) dollars, for each offense to be recovered, and the costs and disbursements are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the State and for failure are recoverable.

RETURN OF A BIRTH 75509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

- Boy NOV 26 1891

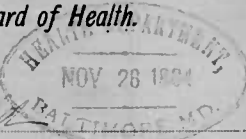
CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75511

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

18th November

4. Place of Birth (Street and Number)

4 Perry St

5. Full Name of Mother

Laura Harrison

6. Mother's Maiden Name

Laura Moor

7. Mother's Birthplace

York County, Maine

8. Full Name of Father

Henry Moore

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucy Upshur

Address

150 South Euston Street

Remarks

None

OVER TIME AFTER 6-16-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary, Barbara nose

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14, 1901

4. Place of Birth, (Street and Number)

No 516 S. Cal St

5. Full Name of Mother,

Barbara Moser

6. Mother's Maiden Name,

Washburn

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Thomas Moser

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephina A. Hill

Address,

No 20 Barnes St

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a registered nurse, the mother, immediately thereafter, it shall then, become the duty of the mother, to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, except in the case of stillborn children, and in the case of any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of each offense, to be recovered as other fines and penalties are recoverable.

Certificates between the first and third day of each and every month, to the Office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (\$10) dollars for each child so born, and for future are recoverable.

RETURN OF A BIRTH

755163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White (3rd)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 10th 1884

4. Place of Birth, (Street and Number) No 249 S. Calverton St

5. Full Name of Mother, Elizabeth Crach

6. Mother's Maiden Name, Almuc

7. Mother's Birthplace, Polonia

8. Full Name of Father, Frank Crach

9. Father's Occupation, Undertaker

10. Father's Birthplace, Polonia

Name of Medical Attendant, or other Person who makes this Return, Josephine Kinsard

Address, No 20. Barnes St

Remarks, _____

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, shall be liable to the fine of ten (10) dollars, and any other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th of November*

4. Place of Birth, (Street and Number) *Alice Anna St. Heilmannstr.*

5. Full Name of Mother, *Helene Schmidt*

6. Mother's Maiden Name, *= Schmidt*

7. Mother's Birthplace, *Neufos - Frohnach (Badaria)*

8. Full Name of Father, *Georg Schmidt.*

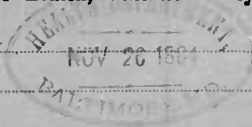
9. Father's Occupation, *Laborm*

10. Father's Birthplace, *Liege (Badaria)*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Behnken*

Address, *434 Lancaster St.*

Remarks, *Canton*



RETURN OF A BIRTH

75515

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 20. 1894

4. Place of Birth, (Street and Number)

44 E. Biddle St.

5. Full Name of Mother,

Angelina J. Thalheimer

6. Mother's Maiden Name,

J. Kullmann

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

John A. Thalheimer

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant,

or other Person who makes this Return

G. W. Kupp M. D.

Address,

Balt. West St.

Remarks,

Normal

of the parents, and the maiden name of the mother of such child or children.

95376

separable, between the first and third day of each and every month, to the board of health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the mother should be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to request its birth to the board of health, in the manner, and at the time, and place, and under the circumstances, and upon the conditions, and subject to the provisions of this act, and the board of health shall have power to cause such child to be subject to a fine of ten dollars, to be recovered as other fines and penalties are recovered.

11

Journal

John

Nov. 20th 1854

63 Linden Ave

Mary Cicorian

Buller's

John C. Corcoran

Police Officer

Ireland

or other Person who
makes this Return

177 beenton st,

✓

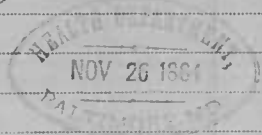


birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH⁷⁵⁵¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20th November*
4. Place of Birth, (Street and Number) *41 Cannon St.*
5. Full Name of Mother, *Leisi Winkelman.*
6. Mother's Maiden Name, *Meyer*
7. Mother's Birthplace, *Mariendorf Hannover. Germ*
8. Full Name of Father, *Michael Winkelman.*
9. Father's Occupation, *Schuln*
10. Father's Birthplace, *West Prussia*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs E. Bohnen*
- Address, *484 Lancaster St.*
- Remarks, *Barton.*

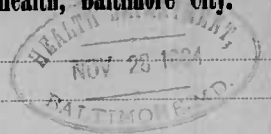


certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or in case the birth of any child shall occur within the period above required, and any such person shall fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

75519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22nd Nov.*
4. Place of Birth, (Street and Number) *142 S. Eilen St*
5. Full Name of Mother, *Orthia Gaspiel*
6. Mother's Maiden Name, *Simon*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Paul Gaspiel*
9. Father's Occupation, *Welder*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Lophia Simon*
- Address, *No. 26 Grant St.*
- Remarks, _____

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

75520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Failure of any person to comply with the provisions of this Act, or to furnish the information required, shall be deemed an offense, and the person so offending shall be liable to a fine of ten dollars, or to imprisonment for a term of thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who shall be found guilty of such offense shall be liable to a fine of ten dollars, or to imprisonment for a term of thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who shall be found guilty of such offense shall be liable to a fine of ten dollars, or to imprisonment for a term of thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁵²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th Nov.

4. Place of Birth, (Street and Number)

128. W. Ann St

5. Full Name of Mother,

Elizabeth Lewis

6. Mother's Maiden Name,

White

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Samuel Lewis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John A. Lawrence

Address,

No. 70 Granby St.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time period, above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *705263*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 27 1924*
4. Place of Birth, (Street and Number) *No. 136 Greenwood Avenue*
5. Full Name of Mother, *Lina Frank*
6. Mother's Maiden Name, *Lina Frank*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *John Frank*
9. Father's Occupation, *Police*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. Ch. Jones*
- Address, *No. 136 Greenwood Ave*
- Remarks, *Gal. Del.*

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or nurse, or other person, or any child, to be in accordance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26th of November 1884

4. Place of Birth, (Street and Number)

362 East Fayette Street

5. Full Name of Mother,

Annie Klein

6. Mother's Maiden Name,

Annie Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Tavern Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Justina Kunkel

Address,

71 North Chapel Street per Justina Kunkel

Remarks,

Healthy

RETURN OF A BIRTH.

7526

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 26, 1881

4. Place of Birth (Street and Number) 2, Edmann Alley

5. Full Name of Mother Mary Apple

6. Mother's Maiden Name Mary

7. Mother's Birthplace Germany

8. Full Name of Father Michel Apple

9. Father's Occupation German Helper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary R. Easley

Address 134, Hamburg St.

Remarks Living Well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 7527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 26th 84

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Annie Keshew

6. Mother's Maiden Name,

"

"

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

F. R. Nordmann M.D.

Address,

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner in medicine or surgery, or midwife, no other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and form provided by law, and the person or persons so failing to do so shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH

7552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 19, 1884

4. Place of Birth, (Street and Number)

377 E. Balb. St.

5. Full Name of Mother.

Elizabeth Ann Lamberth Wells

6. Mother's Maiden Name,

"Balb. Md."

7. Mother's Birthplace,

8. Full Name of Father,

Geo. R. Wells

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balb. Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. G. R. Wells, M.D.

Address,

392 E. Balb. St.

Remarks,

Natural

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

C. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

My & Co., City Printers and Stationers

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Male
White
Nov 28 1887
Eden St. 122
Sonny Spelter ✓
P. Rieck ✓
Russia ✓
Simon Spelter ✓
Cigar maker ✓
P. Rieck ✓
Westmore ✓
48 Holladay St.

should no other person be in attendance upon the mother, immediately thereafter, it shall then be the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the parent or parents shall be subject to a fine of ten dollars if they fail to make such report, and such fine shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Mrs. Caroline M. Mearns
No 5 Thacker st

RETURN OF A BIRTH *70534*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 21st 1884*
4. Place of Birth, (Street and Number) *No 10 Blumeberry St*
5. Full Name of Mother, *Mary Woods*
6. Mother's Maiden Name, *Mary Tyson*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *James Franklin Woods*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Catharine Hornung*
- Address, *No 18 Byrd St.*
- Remarks,



of the father, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to cause the same to be registered in the office of the Registrar of Vital Statistics, and to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

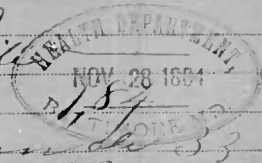
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Every person who shall secure without the attendance of a physician, or of a practitioner of midwifery, or of a practitioner of surgery, the birth of any child, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court. The duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

November 25th 1884.

No 2 Washington Ave.

Elizabeth Seifert.

Elizabeth Cox.

Baltimore City.

Adam Seifert.

Cartet.

Baltimore City.

John J. P. P. M.D.

243 Lexington St.

Birth of any child shall occur within the jurisdiction of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, to report its birth to the Registrar of Health, in the manner and within the period above required, the person so failing to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Registrar of Health, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 26, 1884*

4. Place of Birth, (Street and Number) *N. Eden St. No. 9*

5. Full Name of Mother, *Frederike Woode*

6. Mother's Maiden Name, *Frederike Walschen*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Friedrich Woode*

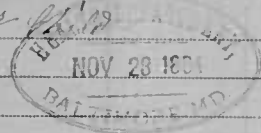
9. Father's Occupation, *Box maker*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Ballas St. No. 26*

Remarks, *Dead born*



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 26 1888

4. Place of Birth, (Street and Number) Orleans St No 11

5. Full Name of Mother, Mary Elizabeth

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Maryland

8. Full Name of Father, George Madison

9. Father's Occupation, Shoe Leather

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. G. H. H. H.

Address, 48 E. Calver

Remarks,

RETURN OF A BIRTH 75540

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 26th 1884*

4. Place of Birth, (Street and Number) *No 302 Sharp st*

5. Full Name of Mother, *Mary E. Feanny*

6. Mother's Maiden Name, *Mary E. Burns*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Feanny*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Catharine H. Brown*

Address, *No 18 Byrd st*

Remarks



Do not fill in, and do not mark name of the mother of such child or children.

7/5/54

shall not be considered a physician or a practitioner of medicine, and no other person be in attendance upon the mother, immediately hereafter it shall be the duty of the parent or parents, except in the case of illegitimate children, and within the period above limited, to report the birth and death of the child, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

10. *Father's Birthplace,* *Madison*

Chas. Lamb

Remarks, _____



Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to register the birth of such child, and to file a true and correct copy of this return in the office of the Registrar of Vital Statistics, Baltimore City, for each offense to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Quaker*

3. Date of Birth, *Nov 28 1881*

4. Place of Birth, (Street and Number) *187 W. 1st St.*

5. Full Name of Mother, *Beckin Savan*

6. Mother's Maiden Name, *L. Leback*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isaac Straus*

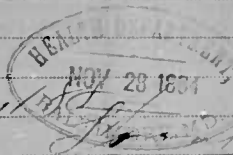
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Kelly*

Address, *48 E. 1st St.*

Remarks, *48 E. 1st St.*



RETURN OF A BIRTH 75743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and his maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 28th 1884.

4. Place of Birth, (Street and Number) No 576 Light st

5. Full Name of Mother, Katie Pishman

6. Mother's Maiden Name, Katie Schen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Pishman

9. Father's Occupation, Stonecutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hanning

Address, No 18 Bayd st.

Remarks,



RETURN OF A BIRTH

75544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 21

4. Place of Birth, (Street and Number) 262 - Donnanth

5. Full Name of Mother, Elizy Beth Keys

6. Mother's Maiden Name, Elizy Beth Brown

7. Mother's Birthplace, India

8. Full Name of Father, Samuel Keys

9. Father's Occupation, Steward

10. Father's Birthplace, Stamford - Conn

Name of Medical Attendant, or other Person who makes this Return

Address, Dr. H. Smith malden

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

23

4. Place of Birth, (Street and Number)

265 McDonough St

5. Full Name of Mother,

Sarah Jane Baker

6. Mother's Maiden Name,

Hawkins

7. Mother's Birthplace,

Pensacola Florida

8. Full Name of Father,

George Williams Baker

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address,

H. H. Smith 100 N. E. St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

person, the date and place of birth, a statement of the sex and age of the child, and a statement of the date and place of birth of any child, shall be reported to the Commissioner of Health, in the manner and within the time specified in the regulations of the Board of Health, and the failure to do so shall be cause for the suspension of the license of the person so failing to report.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Col*

3. Date of Birth *Tuesday Nov-25-84*

4. Place of Birth, (Street and Number) *8 Diamond St*

5. Full Name of Mother, *Russie Torrey*

6. Mother's Maiden Name, *Russie Only*

7. Mother's Birthplace, *Northampton Co, Va*

8. Full Name of Father, *Henry Torrey*

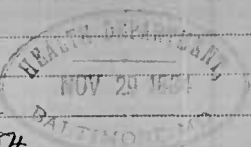
9. Father's Occupation, *Caretaker*

10. Father's Birthplace, *St. Mary's Co, Md*

Name of Medical Attendant, or other Person who makes this Return, *Shirley M. M.*

Address, *57 N Calvert St*

Remarks,



Parents, or some other person, shall be present at the birth of every child, and shall take care to report the birth of every child to the Office of the Commissioner of Health, in case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person who fails to do so, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27th Nov*

4. Place of Birth, (Street and Number) *104 Grandy St*

5. Full Name of Mother, *Lisa Rupp*

6. Mother's Maiden Name, *Stenberg*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *And Rupp*

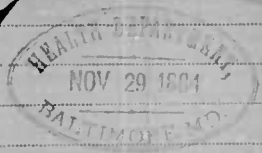
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Solomon Sierman*

Address, *No 70 Grandy St.*

Remarks, _____



to be signed by the practitioner in the form of a certificate, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, and within the period above prescribed, the person so attending, and any such person or persons who shall hereafter be required to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27th of November 1884*
4. Place of Birth, (Street and Number) *122 South Washington Street*
5. Full Name of Mother, *Theresa Kaufman*
6. Mother's Maiden Name, *Theresa Reister*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Bern Reister*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
Address, *71 North Chapel Street per Justina Kunkel*
Remarks, *Healthy*

Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should to other person be to attendances upon the mother, the said certificate shall be given in the manner and within the period above required, and any such person or persons who shall herein be required to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28th of November 1884*

4. Place of Birth, (Street and Number) *247 East Jefferson Street*

5. Full Name of Mother, *Paulina Starbagen*

6. Mother's Maiden Name, *Paulina Franklen*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Franklen*

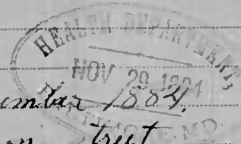
9. Father's Occupation, *Clark*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*



75557

parents, the date and place of birth, and the main activities and occupations of the child between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or persons who shall be in attendance upon the mother immediately thereafter to call upon the physician or practitioner of medicine, in the manner and within the period of time herein provided, to examine the child, and any such person who fails to do so shall be subject to a fine of ten dollars for each offence to be recovered.

2nd

London

White.

25th 1st

U.S. of Central and

Flavene Lumbolina

" Buddle

William

George Franklin

Paints

B. Tineus

Sellia limosa

2670 Grandy St.

Remarks,

RETURN OF A BIRTH

Nov 7 1884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of child: Millard Holland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, October 25th, (Nov. 28) 1884

4. Place of Birth, (Street and Number) 97 S. E. St.

5. Full Name of Mother, Anna M. Holland

6. Mother's Maiden Name, " Pyle

7. Mother's Birthplace, Warford Co. Md.

8. Full Name of Father, John Wesley Halland

9. Father's Occupation, See Driver, Lecheran & Co

Father's Birthplace, Warford Co., Md.

Name of Medical Attendant, A. V. Shepherd, M.D.
or other Person who makes this Return.

Address, 88 E. Baltimore St.

Remarks,



Birth, is or has physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 1st 1884

4. Place of Birth, (Street and Number)

43 W. 11th St

5. Full Name of Mother,

Priscilla Alice Coffey Gudy

6. Mother's Maiden Name,

" " Coffey

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Robert Clinton Gudy

9. Father's Occupation,

Physician

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. J. P. M. S.

Address,

117 E. Baltimore St

Remarks,

RETURN OF A BIRTH, 7055

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth

4. Place of Birth, (Street and Number) November 2nd 1884

5. Full Name of Mother

6. Mother's Maiden Name Alice Gilmore

7. Mother's Birthplace Alice Pinket

8. Full Name of Father Baltimore

9. Father's Occupation Dry Gilmore

10. Father's Birthplace Dryman

Name of Medical Attendant, or other Person who makes this Return. Baltimore

Address

Remarks

Harriet Britton
No 78 Bethel Street North

Hereafter, showing the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Office of the Registrar of Vital Statistics, within the time specified in this section, and to comply with the regulations of this section, shall be subject to a fine of ten (\$10) dollars for each offence to be recorded as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 3rd 1884

4. Place of Birth, (Street and Number) 1327 W. H. H. St.

5. Full Name of Mother, Gessie Krueger

6. Mother's Maiden Name, McDermick

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Krueger

9. Father's Occupation, Tailor

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Hillegast

Address, 132 E. H. H. St.

Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 3/84*
4. Place of Birth, (Street and Number) *201 S. Paca*
5. Full Name of Mother, *Lillian Koonz*
6. Mother's Maiden Name, *" Smith*
7. Mother's Birthplace, *Harpers Ferry W. Va*
8. Full Name of Father, *Mr. Koonz*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Indiantown City, Mo*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

or other Person who
makes this Return

A. L. Hunter

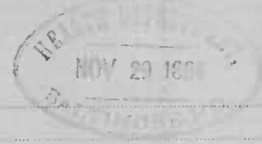
357 W. Lombard

[illegible]

RETURN OF A BIRTH

75558

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 4th 1884

4. Place of Birth, (Street and Number)

234 Saratoga

5. Full Name of Mother,

Mrs. Kate Gibson

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Gibson

9. Father's Occupation,

Carriage Trimmer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

T. Chew. Worthington, M.D.

Address,

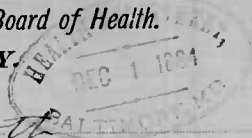
737 3/4 W. Fayette St.

Remarks,

RETURN OF A BIRTH.

7559

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Caucasoid*
 3. Date of Birth *Wednesday Nov 12 1884*
 4. Place of Birth (Street and Number) *Balto City No 80 pierce st.*
 5. Full Name of Mother *Joshua Savoy Derricks*
 6. Mother's Maiden Name *Jennie Spriggs*
 7. Mother's Birthplace *Balto City*
 8. Full Name of Father *Robert Derricks*
 9. Father's Occupation *waiter*
 10. Father's Birthplace *Fredrick County Md.*
 Name of Medical Attendant, or other Person who makes this Return.
 Address *Sarah Ann Helbreu No 200 Ralston st*
 Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

be in attendance upon this mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 15th 1884

4. Place of Birth, (Street and Number)

182 Somerset St

5. Full Name of Mother,

Julia School

6. Mother's Maiden Name,

Diagonalman

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Anton School

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Anna Hillegast

Address,

182 E. Maryland St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

female
white
DEC 1 1884

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 17 1884

4. Place of Birth, (Street and Number)

193 Chestnut St

5. Full Name of Mother,

Mary Brashers

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

George Brashers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other Person who makes this Return.

W. Smith M.D.

Address,

1424 E. 4th St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return:

Address,

Remarks

Emma Louisa Skillman

also in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

It is the duty of the mother, upon the birth of a child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

75568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17th 1884

4. Place of Birth, (Street and Number)

1165 Forest St.

5. Full Name of Mother,

Theresa Krumpholtz

6. Mother's Maiden Name,

Tapp

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Krumpholtz

9. Father's Occupation,

Minister

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. Hill

Address,

1182 E. Monument St.

Remarks,

any person who shall neglect to report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person shall be subject to a fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

755621
1st

Male

White

Mar. 20th 1884

1230 Chase St.

Elizabeth Schaefer

" Vogelgesang

Alexander

John A. Schaefer

Butcher

Baltimore

Dr. Anna Gillespie
1182 E. Monument St.

In all instances upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

5th

Female

White

Jan. 20th 1884

1220 E. Cass St.

Elizabeth W. Watz

Germany

John Watz

Tailor

Balta, Md.

Wm. Davis M.D.

1182 E. Monument St.

born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th Child 3d Pregnancy

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov 21st 1884

4. Place of Birth (Street and Number)

459 N Carey

5. Full Name of Mother

Clara Emma Bower

6. Mother's Maiden Name

Doan

7. Mother's Birthplace

Penna

8. Full Name of Father

Richard L Bower

9. Father's Occupation

Upholsterer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this Return.

Elias C Price M.D.

Address

262 Madison Ave

Remarks

duty of the parent or parents of such child to report its birth, in the Board of Health, in the manner, and to a fine of ten dollars for each offense; to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female Child

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Twenty first November, 1884.

4. Place of Birth, (Street and Number)

Locust Point #98 Cooksie Street

5. Full Name of Mother,

Thelma Brandenburger

6. Mother's Maiden Name,

Thelma Hilbert

7. Mother's Birthplace,

Hartenstein, Sachsen

8. Full Name of Father,

Julius Friedrich Brandenburger

9. Father's Occupation,

Stevardor

10. Father's Birthplace,

West. Prussen

Name of Medical Attendant, or other Person who makes this Return

Lizzie Schaffler

Address,

Fort ave. & Towson Street Locust Point City

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable. It shall then become the duty of the medical attendant, or other person who makes the return, to sign the certificate of birth, and to file the same in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, except in the cases of the births and deaths of illegitimate children, and in the cases of stillbirths, in which cases the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *male child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Twenty first of November*
4. Place of Birth, (Street and Number) *Lead Street, Burrough Street #8*
5. Full Name of Mother, *Mrs Anna Schouner*
6. Mother's Maiden Name, *Anna Strackar*
7. Mother's Birthplace, *Bujezer Bohemia*
8. Full Name of Father, *Franz Schouner*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Gisti Bohemia*
Name of Medical Attendant, or other Person who makes the Return, *Lizzie Schaffler*
Address, *Lizzie Schaffler 101, are Johnson Street*
Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the City and Corporation.

RETURN OF A BIRTH

71569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 21 1884

4. Place of Birth, (Street and Number)

69 S. Stewart St

5. Full Name of Mother,

Christina Gansbach

6. Mother's Maiden Name,

" Raff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Gansbach

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address,

146 Hancock

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or some other person be fit attendance upon the mother, immediately after the birth of the child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH. 7/5/0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st* *1884*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Nov. 22 - 1884*

4. Place of Birth, (Street and Number) *70 Emerson St.*

5. Full Name of Mother, *Alice V. Hoane*

6. Mother's Maiden Name, *Stevens*

7. Mother's Birthplace, *Hampden Co. Ind.*

8. Full Name of Father, *Geo. A. Hoane*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *D. Sheehy M.D.*

Address, *1429 N. Exeter St.*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1, 1894

4. Place of Birth, (Street and Number) 779 Madison St. W. H.

5. Full Name of Mother, Sarah Schmidt

6. Mother's Maiden Name, Sarah L. Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, E. B. Schmidt

9. Father's Occupation, Living at 1200 N. 1st St.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, F. H. Kent

Address, 121 N. Howard St.

Remarks, Name Edward A. Schmidt

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person attend the birth, the person attending shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so, or who reports a false statement, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be present at the birth, the mother shall be held responsible for the health of the person or persons of such child, to report its birth to the Commissioners of Health in the manner and within the time prescribed by law, and shall be liable for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any other law and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

3rd
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 23. 1884

4. Place of Birth, (Street and Number)

S. E. Cor Madison & Caroline Sts

5. Full Name of Mother,

Jennie Bamtarger

6. Mother's Maiden Name,

" Schmidt

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Robert J. Bamtarger

9. Father's Occupation,

Grocery Store Keeper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

W. H. Fryman, M.D.

Address,

66 E Baltimore

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return:

Address,

Remarks,

75576
1st
Male
White
Nov 23 1884
214 Light St
Margaret M. Will
" " " Reine
Baltimore
Jm A. Will
Steward - Department
Worcester Co. Me.
Theodore Cook M.D.
146 Hancock St
Baltimore

GIVEN NAME ADDED 2-1-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Jesse M.

Male

White

Nov 24 1894

87 Columbia Ave

Julia Joseph

" Adams

Baltimore

Philip Joseph

Wholesale Hardware

Baltimore

Wm. C. H. H. H.

146 Maryland St. J. H. H.

any child shall occur without the attendance of a physician or person duly qualified to make a birth record, and any such person shall be liable to a fine of ten dollars for each offense to be recovered.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered by the State.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Remarks,.....

2nd.

General
White 1 1884

Nov 29 - 1884

28 Emdor St -

Mary Gorman
Dover

Baltimore

Michael Gorman

Plumber

N. York

W. Street N.D.

142 N Emdor St -

RETURN OF A BIRTH ⁷⁵⁵⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Tuesday Nov 25. 1884*

4. Place of Birth, (Street and Number) *109. North Chapel St*

5. Full Name of Mother, *Ellen Kelly*

6. Mother's Maiden Name, *Ellen Jackson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John. YC Kelly*

9. Father's Occupation, *Clerk. Tug. Co.*

10. Father's Birthplace, *Atlantic. G. C.*

Name of Medical Attendant, or other Person who make this Return *Ellen. Carson*

Address, *No. 24. Chapel Street.*

Remarks, *chase*

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars, or other fines and forfeitures now recoverable.

RETURN OF A BIRTH ⁷⁵⁵⁸¹

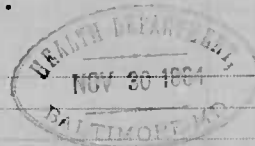
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 25th 1854*
4. Place of Birth, (Street and Number) *Baltimore Scott St N^o 75*
5. Full Name of Mother, *Emma Benson*
6. Mother's Maiden Name, *Poulten*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jessey Benson*
9. Father's Occupation, *Brick - Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. C. Mitchell*
- Address, *N^o 84 Schroeder St.*
- Remarks,

RETURN OF A BIRTH.

75582

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether ~~Male~~ Female)
2. Race or Color (if not of the white race) Color? D
3. Date of Birth Novem 6th 25th 1884
4. Place of Birth (Street and Number) Corner Eager & Eager Sts Balto. Md
5. Full Name of Mother Johanna E. Gile
6. Mother's Maiden Name " " Prigg
7. Mother's Birthplace Hartford Conn Md
8. Full Name of Father Charles Henry Gile
9. Father's Occupation Superintendent of Laundry
10. Father's Birthplace Hartford Co. Md
- Name of Medical Attendant, or other Person who makes this Return Dr. F. Gorse M.D.
- Address Gardenville Balto. Co. Md
- Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75583

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 25 Nov, 25. 1884

4. Place of Birth (Street and Number) 49 Walker St.

5. Full Name of Mother Cassey Williams

6. Mother's Maiden Name Cassey Cornish

7. Mother's Birthplace Dorchester County Md

8. Full Name of Father Charles Williams

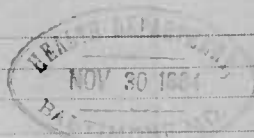
9. Father's Occupation laborer

10. Father's Birthplace Anne Arundel County

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address 44 Walker Street.

Remarks



When the child is born, the mother, or other person who makes this Return, shall state the date of birth, sex, race or color, and residence of the child, and the name of the mother, and the name of the father, and the name of the medical attendant, or other person who makes this Return.

RETURN OF A BIRTH, 75582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Birth

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 25th day November

4. Place of Birth, (Street and Number) Light-st 232 Baltimore

5. Full Name of Mother Elena Aminke

6. Mother's Maiden Name Elena Refender

7. Mother's Birthplace Germany

8. Full Name of Father Josiah Aminke

9. Father's Occupation Blacksmith

Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson Bird's Health

Address 33 Bond

Remarks Baby doing well mother is suffering Malaria and anaemia

name of the mother of such child or children.

parents, the first and third day of each and every month to the times of the Commencement of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to sign a certificate of the manner and within the period above stated, to comply with the law, and the same shall be subject to the same penalties as other things and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3d, &c.) T. seventh

male

white

November 25-1884

134 Saratoga st.

Mavis Herrman

Maria Denzlinger

Germany

Michael Herrman

Taylor

Germany

Mrs. Kunigunda Schliker

20. Columbia to.

Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should any other person be in at evidence upon the mother, immediately thereafter it shall then become the duty of the person so present to report the birth of the child to the Registrar of Vital Statistics, and if any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or such offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White

Nov. 26th 1884

Baltimore. Stricker St. No 27

Annie Bolden

" Mercer

Baltimore
Robert Bolden

Machinist

Baltimore

Wm. L. Mitchell

No 54 Schroder St.

Any person who shall neglect or refuse to report the birth of any child shall be liable to a fine of ten dollars for each offence, and any person who shall neglect or refuse to report the birth of any child shall be liable to a fine of ten dollars for each offence, and any person who shall neglect or refuse to report the birth of any child shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

75587
1st
Male
White
Mar 26, 1884
17 Marshall Ave
Olivia W. Flanagan
" " Sullivan
Dorchester Co. Md
Patrick Flanagan
Labour
Ireland
Theodore Cooke M.D.
146 Margaret St

every offense, between the first and third day of each and every month, to the Board of Health. In case the mother or child should occur without the attendance of a physician, immediately thereafter, it shall be the duty of the parent or person in charge to report to the Board of Health, in the manner and within the period above prescribed, except in the case of stillborn children, and in the case of persons who, after delivery, fall to comply with the regulations, and in a case of stillbirth, the mother shall be subject to a fine of ten dollars and to imprisonment, and recovery.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 27/84*
4. Place of Birth, (Street and Number) *No. 187 W. Paca St*
5. Full Name of Mother, *Mary (Knecht) Knecht*
6. Mother's Maiden Name, *Raiser*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *John (Knecht) Knecht*
9. Father's Occupation, *Brick mason*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return *H. L. Spier*
- Address, *357 N. Lombard St*
- Remarks, *(over)*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 27th 1884*

4. Place of Birth, (Street and Number) *Baltimore North - Ward at 14th 50*

5. Full Name of Mother, *Carrie Mercer*

6. Mother's Maiden Name, *Freeman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Mercer*

9. Father's Occupation, *Black - Smith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. C. Mitchell*

Address, *N^o 5 & Schroder St.*

Remarks,

In case the birth of any child shall occur between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, the mother, immediately thereafter, shall report its birth to the Registrar of Health, in the manner and within the period above provided, and any such person or persons who shall heretofore fail to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered by the Registrar of Health.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, such person shall, after it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subject to the same penalties and forfeitures as are recoverable, for each offence to be recovered.

RETURN OF A BIRTH

7591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1884
4. Place of Birth, (Street and Number) 160 Mount St
5. Full Name of Mother, Kattie E Barnes
6. Mother's Maiden Name, " " Orange
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Barnes
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Albany, N.Y.
- Name of Medical Attendant, or other Person who makes this Return. Wendell Cook M.D.
- Address, 146 Harrison St
- Remarks, _____

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the person attending the birth shall be liable to report its birth to the Commissioner of Health in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *30th November*
4. Place of Birth, (Street and Number) *309 Eastern Av*
5. Full Name of Mother, *Elisabeth Schaeff*
6. Mother's Maiden Name, *Elisabeth Grille*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Schaeff*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address, *No 202 S. Dallas St*
- Remarks, *Hebamm*

parents, the date and place of birth, and the said certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and to file the same in the Office of Health, and the person or persons so failing to do so, shall be subject to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH. 75593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Bo b

2. Race or Color, (if not of the white race)

White

3. Date of Birth

30th November

4. Place of Birth, (Street and Number)

317. St. Alexander St.

5. Full Name of Mother,

Wilhelmine Schön

6. Mother's Maiden Name,

Wilhelmine Lichtmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Müller the Schön

9. Father's Occupation,

Handwerker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address,

1st 302. St. Dallas St.

Remarks,

Robinson

RETURN OF A BIRTH

75594

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 14 1884*
4. Place of Birth, (Street and Number) *no 1 Ross st*
5. Full Name of Mother, *Mary Rebecca Hughes*
6. Mother's Maiden Name, *Lee*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James W. Hughes*
9. Father's Occupation, *Caterer*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return. *E. C. Baldwin MD*
- Address, *124 N. Euter 22*
- Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and to the effect hereinafter prescribed, and shall be subject to a fine of ten dollars for each offence to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

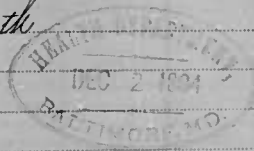
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Nov 1st 1884.*
4. Place of Birth, (Street and Number) ** 16 Ridgely St.*
5. Full Name of Mother, *Pauline Leutner*
6. Mother's Maiden Name, *Pauline Peter*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Henry Leutner.*
9. Father's Occupation, *Hardware Merchant.*
10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Arthur M. Mearns
1. S. S. Mearns

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the birth shall be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, other fine and forfeitures are recoverable.

RETURN OF A BIRTH

75596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Novbr 1st

4. Place of Birth, (Street and Number)

N 2222 Lee St

5. Full Name of Mother,

Bartha Ellen Thormann

6. Mother's Maiden Name,

Wiggle

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John H Thormann

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Boeller Germany

Name of Medical Attendant, or other Person who makes this Return,

Buffum Munn

Address,

1 Locust Hill St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or person in charge of the child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offence to be recovered after notice and forfeiture are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

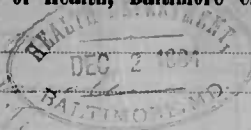
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 2 - 1884

4. Place of Birth, (Street and Number)

324 Canton St.

5. Full Name of Mother,

Glencora Boss

6. Mother's Maiden Name,

Heinzel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Boss

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

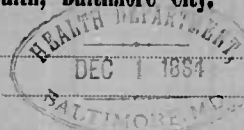
Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

151 E. Pratt St

Remarks,



Every person attending the birth of a child, or the attendance of a physician or practitioner of midwifery, or should no other person be present, shall report the birth of the child to the Registrar of Vital Statistics, within the time specified in the regulations, and shall be subject to a fine of ten (10) dollars for each offense to be recovered.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, no should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, to secure the birth of such child, to be recorded in the Office of the Commissioner of Health, and to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 3^d 1884

4. Place of Birth, (Street and Number)

251 Alice Anna St

5. Full Name of Mother,

Annie Laurie Walsh

6. Mother's Maiden Name,

" " Shuck

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Walsh

9. Father's Occupation,

Mariner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, shall become the duty of the mother to report its birth to the Commissioner of Health, in the manner and within the period above provided, and pay a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁷⁵⁻⁶⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 4th 1884

4. Place of Birth, (Street and Number) 358 William St.

5. Full Name of Mother, Mary E. Foxwell.

6. Mother's Maiden Name, " Fowler.

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, Wm. W. Foxwell.

9. Father's Occupation, Engineer.

10. Father's Birthplace, Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Fall, M.D.

Address, 152 Sharp St.

Remarks,

Certificates for the first and third day of each and every month to the Office of the Registrar of Births, Deaths and Marriages, Baltimore City, to cause the birth of any child to be reported to the Registrar of Births, Deaths and Marriages, Baltimore City, by the midwife or other person attending the birth, or by the physician or practitioner of midwifery, or by the mother, or by any other person, shall be subject to the penalty of a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75602

[illegible]

Remarks,

Mrs Elizabeth Bell
120 Bank St

raphy & Co., City Printers and Stationers.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to a fine of ten (10) dollars, and other fines and forfeitures are recoverable, for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.) *2*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 November

4. Place of Birth, (Street and Number)

Hanover St 180

5. Full Name of Mother,

Mrs. Rudolph

6. Mother's Maiden Name,

Gift Rehnelt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Rudolph

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Frederic M. King

Address,

1 Loringford Ave

Remarks,

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be subject to a fine of not more than one hundred dollars, and the mother shall be subject to a fine of not more than one hundred dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 25 1884

4. Place of Birth, (Street and Number)

225 S Bond

5. Full Name of Mother,

Maggie Sheller

6. Mother's Maiden Name,

Rimback

7. Mother's Birthplace,

City

8. Full Name of Father,

Gustav Sheller

9. Father's Occupation,

Mariner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, and if such person shall fail to do so, he or she shall be liable to a fine of ten dollars for each offence to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

75605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 5th 1884

4. Place of Birth, (Street and Number)

547 Eastern Ave

5. Full Name of Mother,

Elizabeth Moak

6. Mother's Maiden Name,

" Hecker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Moak

9. Father's Occupation,

Grocer

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beltz

Address,

120 Bank St

Remarks,

certificates between the first and third day of each and every month, to the Office of the Commissioner of Health. It shall be the duty of any person who has knowledge of the birth of any child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH

75606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 6th

4. Place of Birth, (Street and Number)

No 290 Gross St.

5. Full Name of Mother,

Anna G. Linninger Grader,

6. Mother's Maiden Name,

Anna G. Linninger

7. Mother's Birthplace,

Baltimore Ind.

8. Full Name of Father,

Charles A. Grader

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return,

Dr. J. M. Munn

Address,

Southfall Hs

Remarks,

and between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child occurs on the first or third day of any month, the person or persons of such child, in case the child is born before the first or third day of any month, immediately thereafter, it shall become the duty of the person or persons of such child, in case the child is born on the first or third day of any month, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 75607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov. 6 - 1884

4. Place of Birth, (Street and Number) 20 N. High St.

5. Full Name of Mother, Lizzie Danger

6. Mother's Maiden Name, Urban

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Danger

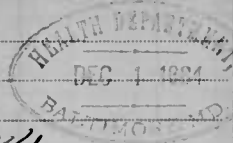
9. Father's Occupation, Can - Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St.

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Jacob H. Katz*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 9 - 1884

4. Place of Birth, (Street and Number)

127 E Pratt St.

5. Full Name of Mother,

Augusta Katz

6. Mother's Maiden Name,

Eisbacher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Max Katz

9. Father's Occupation,

Shoe-Repairer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mary Stein

Address,

151 E Pratt St.

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a return to be made to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of the law, the parents of such child, or any person who shall have knowledge of the birth of such child, shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall be found to fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Seventh
Baltimore
SEC 1 1884
BALTIMORE

November 10th 1884

S. E. cor Gough and Duncan ^{alley}

Rhoda Herbert

Rhoda Cooksey

Baltimore

George Herbert

Laborer

Virginia

Mrs R. H. Garrett

N 65 Burke St

parents, the date and place of birth, and the marital status, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or other person who may be present shall report its birth to the Commissioner of Health in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 10th 1881*
4. Place of Birth, (Street and Number) *343 Lombard St*
5. Full Name of Mother, *Annie Robinson*
6. Mother's Maiden Name, *Annie Gorsham*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Davenport Robinson*
9. Father's Occupation, *Moulder*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mrs R. A. Garrett*
Address, *No 65 Burke St*
Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall be reported without the certificate of the physician or person who attended the birth, the person so failing to report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered in a summary proceeding in the City Court of Baltimore.

RETURN OF A BIRTH ⁷⁵⁶¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 11th

4. Place of Birth, (Street and Number) 221 Broadway St.

5. Full Name of Mother, Annie E. Fisher

6. Mother's Maiden Name, Warner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. A. Fisher

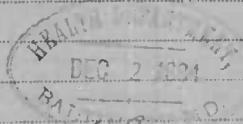
9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Jefferson M. King

Address, 1 S. Calverton Ave.

Remarks, _____



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or if the physician attending the birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth of such child to cause a certificate to be made and signed by the person or persons attending the birth of such child, in the manner and within the period above required, and any such person or persons who shall be guilty of neglecting to do so shall be liable to a fine of ten (10) dollars, and the costs of the certificate, and such other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

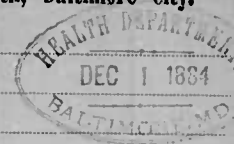
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov 12 - 1884

1 Bank St.

Christina Chartrue

Sachs

Germany

Frank Chartrue

Laborer

Spain

Mary Stein

154 E Pratt St.

Section 100. Between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered by the City and Corporation.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Twins

Male & Female

Female 10 - Male 12 November

179 E. Fayette St.

Leonora Chambly

Barnes

North Carolina

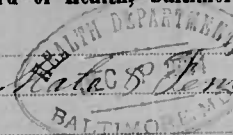
David W. Chambly

Wine-Taker

Chambersburg Pa

Mary Steir

151 E. Pratt St.



parents, the date and place of birth, and the mid schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the parent or person shall be liable to report its birth to the Commissioner of Health, in the manner and within the period about provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 13th 1884

4. Place of Birth, (Street and Number)

170 S Bond St

5. Full Name of Mother,

Rosa Hoffmeister

6. Mother's Maiden Name,

Gagel

7. Mother's Birthplace,

City

8. Full Name of Father,

Charles Hoffmeister

9. Father's Occupation,

Letter carrier

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Belg

Address,

120 Bank St

Remarks,

75616

parents, to save and place of birth, and the same certificate shall be delivered, only against the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above mentioned, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as penalties and forfeitures are recoverable.

1972

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parents, the date and place of birth, and the said schedule shall be delivered, duly filled up by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the practitioner fails to do so, he or she shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 November

4. Place of Birth, (Street and Number)

Jacob Roopa 391

5. Full Name of Mother,

Minnie Ruffland

6. Mother's Maiden Name,

Weyman

7. Mother's Birthplace,

South America

8. Full Name of Father,

Salok Ruffland

9. Father's Occupation,

Barryman

10. Father's Birthplace,

South America

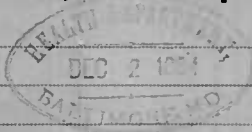
Name of Medical Attendant, or other Person who makes this Return,

Bartholomew M. King

Address,

1 S. L. Sanford Ave

Remarks,



Penalties between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine or other person authorized to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

75618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 15th 1884

4. Place of Birth, (Street and Number)

210 S Bond St

5. Full Name of Mother,

Amie Botenber

6. Mother's Maiden Name,

Silkman

7. Mother's Birthplace,

City

8. Full Name of Father,

Hedwig Botenber

9. Father's Occupation,

Picture maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beh

Address,

120 Bank St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

parents, the date and place of birth, and the said schedule shall be delivered and signed by the practitioner in the form of a certificate between the first and third day of each month, or in case of a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should occur, it shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the mother, in the manner and within the period above specified, and any such person or persons who shall be so required to attend, shall be subject to the fine of ten (10) dollars for each offence to be received as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 15th 1891

4. Place of Birth, (Street and Number) 375 Pennsylvania Ave

5. Full Name of Mother, William C. Calhoun

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William C. Calhoun

9. Father's Occupation, Doctor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. C. Calhoun

Address, 1111 N. E. St.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate to the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should be attended by any other person, the person attending the birth shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule. In case the person or persons attending the birth of a child, shall be subject to a fine of ten (10) dollars for each offence to be recovered, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁶⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Nov 16th 1884
4. Place of Birth, (Street and Number) 546 Hazetta str
5. Full Name of Mother, Mary Harbert
6. Mother's Maiden Name, " Regelton
7. Mother's Birthplace, City
8. Full Name of Father, Leichard Harbert
9. Father's Occupation, Laborer
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz
- Address, 120 Bank str
- Remarks, _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

parents, the date and place of birth, and this said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person attending the birth of such child, or the person who shall hereafter be required to report its birth to the Commissioner of Health, in the manner and within the period also required, and any person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

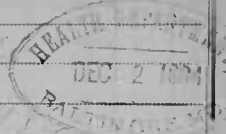
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sex, as of their physical condition, whether still-born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75622

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 16

4. Place of Birth, (Street and Number) 461 Franklin St

5. Full Name of Mother, Mrs. Jos. W. Dell

6. Mother's Maiden Name, Aggie Langhlin

7. Mother's Birthplace, City

8. Full Name of Father, Jos. W. Dell

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, J. H. Hill M.D.

Address, S. W. Cor. E. Edmondson & S. Howard St

Remarks,

75622

penalties between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the person present at the birth shall be liable to the same penalties as if he or she were a physician or practitioner of midwifery. The duty of the person present at the birth of a child to report his birth to the town clerk shall be as follows: (1) The person present at the birth of a child shall report his birth to the town clerk within the time specified in the provisions of this section, shall be liable to the fine of ten (10) dollars for each failure to be so reported, and the other fines and forfeitures are recoverable.

5-11,

Male

Nov 17th 1884

10/17 Ann 218

Magdalen Wagner

".....Stenger

City _____

John Wagner

Cooper

City

Mrs Elizabeth Benz

120 Bank St

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ^{male} ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 November

4. Place of Birth, (Street and Number) ... 107 Warren.

5. Full Name of Mother, *Helene Grebler*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Germany*

8. Full Name of Father, Paul Gochler

2. Father's Occupation. *Carpenter*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Munch*

Address, *Mr. Caudenhill St.*

Remarks, _____

segregate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the child is born without a placenta, the physician or practitioner of medicine or surgery or should not notify or should not notify the Commissioner of Health, without the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who fail hereunto to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered by the State, and the child and its belongings shall be subject to a fine of ten (10) dollars for each offense to be recovered by the State.

persons, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, who shall file the same in the office of the Registrar. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report the birth to the Registrar of Health, in the manner and within the period above specified, and to the Registrar of Health, for each offence to be recovered at other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁶²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Female
HEALTH DEPARTMENT
DEC 1 1884

White
BALTIMORE MD

November 17th 1884

90 Lancaster St

Catharine Lewis

Catharine Goggin

Baltimore

John Lewis

Labourer

Baltimore

Mrs R. A. Garrett

No 65 Burke St

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time herein provided, and every such failure to do so shall be deemed a violation of the provisions of this act, and the person or persons so failing shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *November 17th.*
4. Place of Birth, (Street and Number) *Hudson Alley no number.*
5. Full Name of Mother, *Catherine Maloney.*
6. Mother's Maiden Name, *Magee.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *John Maloney.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby.*
- Address, *369 Cathedral Street.*
- Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

In case the birth of a child is reported to the Office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in a summary proceeding.

RETURN OF A BIRTH

75629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 18*
4. Place of Birth, (Street and Number) *Baltimore Lee Street 193*
5. Full Name of Mother, *Marggie Peterloh*
6. Mother's Maiden Name, *Gebhardt*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Theodore Peterloh*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return, *William M. Munn*
- Address, *1 Larchmont #*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 18 - 1884

4. Place of Birth, (Street and Number)

218 E Pratt St.

5. Full Name of Mother,

Estie Weyforth

6. Mother's Maiden Name,

Collins

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Emanuel Weyforth

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore Md

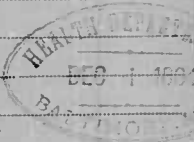
Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

131 E Pratt St.

Remarks,



between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Persons, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the same manner and within the period above required, and say such person or persons who shall be required to comply with the provisions of this section, shall be assessed to the fee of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

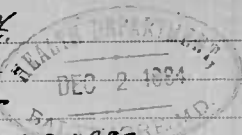
Remarks,

person, the date and place of birth, and the said child shall be delivered, duly signed by the practitioner, to the firm of a
birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should do other person
in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner or person so required, to
report its birth to the Office of Health, in the manner and within the period also required, and any such person
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, November 19 - 1884
4. Place of Birth, (Street and Number) 126 Henrietta St.
5. Full Name of Mother, Anna M. Kries
6. Mother's Maiden Name, " Miller "
7. Mother's Birthplace, Frederick City, Md.
8. Full Name of Father, Francis P. Kries
9. Father's Occupation, Moulder
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall. M.D.
- Address, 15-28 Sharp St.
- Remarks, _____



parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be retained by the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person authorized to make a report, the parent or person who shall have caused the birth of such child to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 4-30-51 71633
Name: Gertrude A. Wilhelm
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, November 19th. 1884
4. Place of Birth, (Street and Number) 353 Cathedral Street.
5. Full Name of Mother, Mary Wilhelm.
6. Mother's Maiden Name, Cumber.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Birden Wilhelm.
9. Father's Occupation, Engineer.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other Person who makes this Return, Charlotte Crosby-
Address, 369 Cathedral Street.
Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within the period of ten days after the birth of the child, and in the case of a still-born child, within the period of ten days after the death of the child. If the practitioner fails to comply with the provisions of this section, he shall be liable to the fine of ten (10) dollars for each offense in being recovered at other times and for failure to recoverable.

RETURN OF A BIRTH

75635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 19th 1884

4. Place of Birth, (Street and Number)

65 S Regester St

5. Full Name of Mother,

Mary Wilhelm

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Wilhelm

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Elizabeth Bely

Address,

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother, or the father, or the person who delivered the child, or the person who attended the birth, or the person who reported the birth to the Commissioner, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *mal*

2. Race or Color, (if not of the white race) *whit*

3. Date of Birth, *November 9*

4. Place of Birth, (Street and Number) *Register St. No 94*

5. Full Name of Mother, *eterna Enges*

6. Mother's Maiden Name, *G. J.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Carlton Karl Enges*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mauer*

Address, *Long 2 St. No 48*

Remarks, *Long 2 St. No 48*

person, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a return, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child shall occur on the first or third day of any month, the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period also provided for in the said schedule, and to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) mal

2. Race or Color, (if not of the white race) whit

3. Date of Birth, 11 November

4. Place of Birth, (Street and Number) Calver St. 224

5. Full Name of Mother, Henriada Stadelmeier

6. Mother's Maiden Name, Staal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Stadelmeier

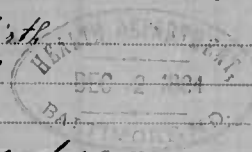
9. Father's Occupation, _____

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. France

Address, _____

Remarks, Lombard St. No 228



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75639

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 1st 1884

4. Place of Birth, (Street and Number)

No 9 Monroe St Balto City

5. Full Name of Mother,

Minnie Elizabeth Counselman

6. Mother's Maiden Name,

Minnie Elizabeth Blaney

7. Mother's Birthplace,

Harford County Maryland

8. Full Name of Father,

George Horatio Counselman

9. Father's Occupation,

Machinist

Father's Birthplace,

Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return

Ania Lindner

Address,

1125 S. Monmouth St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

7564.1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3 lists

Final

white

18 November

Washington St. No 144

Mari Hemmel

11 11 Eder

Baltimore

Karl Hemmel

Baltimore

34

London, 15th Feb 20

and the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the event of the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no person be present to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Cert. to or their physical condition, whether still-born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

November 19th 1884.

4. Place of Birth, (Street and Number)

No. 717. W. Lombert. St.

5. Full Name of Mother.

Agnus. Knell.

6. Mother's Maiden Name.

Bauer.

7. Mother's Birthplace.

Baltimore Md.

8. Full Name of Father.

Bayamin Knell.

9. Father's Occupation.

Carpenter.

Father's Birthplace.

Lincolnton.

Name of Medical Attendant, or other Person who makes this Return

Amos. Grindner

Address,

No. 45. S. Monrovia St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 21 / 1884*

4. Place of Birth, (Street and Number) *216 Springton Ave*

5. Full Name of Mother, *Virginia O. Barnes*

6. Mother's Maiden Name, *Virginia Withers*

7. Mother's Birthplace, *Ida*

8. Full Name of Father, *Eugene O. Barnes*

9. Father's Occupation, *Black*

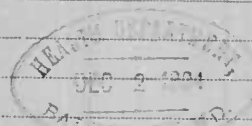
10. Father's Birthplace, *Ida*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. Keller, M.D.
188 Franklin St



any native shall have been certified, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Vital Statistics, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the duty of the parent or person who shall have the charge of such child, to certify the birth of such child, within the period above specified, except in the cases of the births and deaths of children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

any person shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 21/84*

4. Place of Birth, (Street and Number) *301 Penna Ave*

5. Full Name of Mother, *Ella Bibelkizer*

6. Mother's Maiden Name, *Ella Morris*

7. Mother's Birthplace, *Mo*

8. Full Name of Father, *Frank Bibelkizer*

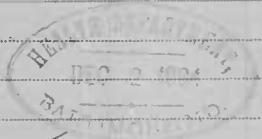
9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Mo*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



J. M. M. M.D.
188 Franklin

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, fully signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the practitioner is unable to ascertain the full name of the child, or the date and place of birth, or the name and occupation of the parents, he or she shall so indicate on the certificate, and shall not be liable for any penalty therefor. The practitioner shall also immediately hereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 21st 1884

4. Place of Birth, (Street and Number)

16 S. Chappel Sts

5. Full Name of Mother,

Mary Doefle

6. Mother's Maiden Name,

Stearns

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Michael Doefle

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bly

Address,

120 Bank Sts.

Remarks,

ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and designation of its parents, the date and place of birth, and if delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and in case of stillbirth, the date and place of birth of any child shall occur, and the physician or practitioner of medicine or surgery shall immediately thereafter it shall become the duty of this person to report its birth to the Registrar of Vital Statistics, in the manner and within the period above prescribed, and any such person or persons who shall be so required to comply with this provision, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁶⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 21st 1884

4. Place of Birth, (Street and Number) No 160 S. Bethel st

5. Full Name of Mother, Millie Schlusman

6. Mother's Maiden Name, " Risper

7. Mother's Birthplace, City

8. Full Name of Father, Henry Schlusman

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Bly

Address, 120 Bank St.

Remarks,

ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to comply with the provisions of this section, he or she shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75647

2d

Male

Nov 22nd 1884

No 227 S. Durham St

Mary Regus

" F. Schreiner

City

John Regus

Labourer

City

Mrs Elizabeth Betz

120 Bank St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to comply with the provisions of this section, he shall be liable to a fine of ten dollars for each offense.

RETURN OF A BIRTH

75649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Cecelia M. Klemm* *Cecelia M. Klemm*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *20 November*
4. Place of Birth, (Street and Number) *Chesapeake St. No 149*
5. Full Name of Mother, *Margaretha (Klem) Klemm*
6. Mother's Maiden Name, *Fabel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Christian (Klem) Klemm*
9. Father's Occupation, _____
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, _____

Address, *Mrs. Klemm*

Remarks, *Leonhardt. Meyer*

RETURN OF A BIRTH ⁷¹⁶⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



State of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 23rd 1884

4. Place of Birth, (Street and Number)

N. 20. Lennon St.

5. Full Name of Mother

Germa Schmollenberg.

6. Mother's Maiden Name,

Humbucker.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Schmollenberg.

9. Father's Occupation,

Blacksmith

Father's Birthplace.

Ellicott City

Name of Medical Attendant, or other Person who makes this Return

Anna Lindner

Address,

N. 45 S. Monroe St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1884
11

RETURN OF A BIRTH

75651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant,

or other Person who makes this Return.

Address,...

Remarks,...

Lectus of six months; Distended; Probably caused by ill receipt of mother's symptoms; child lived for several days after delivery.



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the name of the mother, the name of the child, the sex, color, the full name and occupation of its parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or should no other person be available to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

Record of Vital Statistics in the City of Baltimore.

SECTION II.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, and shall enter the same in a book, to be kept by him, in accordance with the schedule to be furnished by the Commission of Health. This record shall be as far as the same can be ascertained, the full name of each child, of its sex, color, its date of birth, its age, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person who shall hereafter be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to sign the record, and to forward the same to the Registrar of Vital Statistics, within the period above required, except in the cases of this birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Nov 24/84
* 691 W. Fayette St
Mary Laura ~~Spicer~~ Ellinger
" " Spicer
Baltimore Md
Bernard Ellinger
Clerk
Baltimore Md
D. L. Spicer M.D.
307 W. Lombard St

Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by the Registrar of Births, who shall enter the name, sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the Registrar of Health, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the Registrar of Births shall be absent from his office, he shall designate some other person to perform his duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the Registrar of Births shall designate some other person to perform his duty, and shall be liable to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 2*

4. Place of Birth, (Street and Number)

Baltimore S. Poca St N 253

5. Full Name of Mother,

Amie Penington

6. Mother's Maiden Name,

Amie Rider

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Augustine Penington

9. Father's Occupation,

tin Roofer

10. Father's Birthplace,

Baltimore

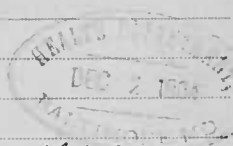
Name of Medical Attendant, or other Person who makes this Return

Mrs M. Shaffer

Address,

373 Hamburg St

Remarks,



565

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

Bernal

November 5

Baltimore Asbarn st No 17

Carrie Leather

Barry Harvey

Baltinow

William Lath

Engineer

Baltinov

er other Person who
makes this Return

New Mc. Shaffer
373 Hamburg St

JOHN R. FULT & SONS, CITY PRINTERS AND STATIONERS.

secrecy 6.—And he further enacted and ordained, That every person bringing whilvery in the City of Baltimore, under colour or superintendence a tith, shall hereunto take place, shall keep a true and correct account of the same, and shall certify the same to the Commissioners of the Commis- sion of Health. This schedule form contain a list of the births which shall be certified by the Com- missioners of Health. And shall be forth, as far as the same can be ascertained, the full name of each child, and the day and hour of its birth, and the full name and occupation of the parents, the day and hour of its birth, and the name of the midwife, or of a female of health, who was the certificate, between the first and third day of each and every month, to the Board of Health, or to the clerk of any other small board, without the attendance of a physician, or of a female of whilvery, or of any of the parents or parents of such child to report the birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and of children of persons who are not citizens of the State of Maryland, and of children of persons who are not residents of the City of Baltimore, for each case, to be reviewed as other fines and penalties are recoverable, and a fine of ten dollars for each case, to be recovered as other fines and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks

November 8

Baltimore Hamburg St No 401

Sarah Baetman

Sarah Frazier

Howard County

Louis Gaetanus

Cigar Maker

Hanover Pers

Mrs M. Shaffer

373 Hamburg St

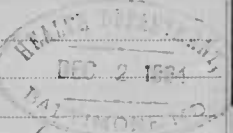
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a statement of the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the age of each child (if any shall have been conferred) by the practitioner to the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or attends no other person, the person attending the birth shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of two (20) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *8th November 1884*
 4. Place of Birth, (Street and Number) *No 16 Calumet street*
 5. Full Name of Mother, *Sarah E. Collins*
 6. Mother's Maiden Name, *Sarah E. Benjamin*
 7. Mother's Birthplace, *Eastern Talbot County*
 8. Full Name of Father, *David Collins*
 9. Father's Occupation, *Lumberman*
 10. Father's Birthplace, *Baltimore County*
 Name of Medical Attendant, or other Person who makes this Return. *Sarah Gullips*
 Address, *104 Conleys street*
 Remarks,



Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
Nov 14 1884
26 Poulting St
Mary Dobson
Mary Shockley
Mel
Jesse Dobson
Mariner
Mel
J. B. Noble, M.D.
5000 Avenue

75667

Record of Vital Statistics in the City of Baltimore.

[illegible]

ec.) *Sixth*

Male

0

November 14

Baltimore Ridgely St 124

Mary M. M. M.

Mary Reinhart
D. H.

Baltimore
M. D.

George Muhley

Frank Maken

Baltimore

or other Person who
makes this Return

Ms. Shaffer

373 Hamburg St

Report of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, and the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, in the case of the birth of any child living, and within the period of one month after the death of any child, and in the case of a stillbirth, to be reported by the practitioner to the Office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8. 6 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Nov. 18th 1884*

4. Place of Birth, (Street and Number) *5 14 Cantonar*

5. Full Name of Mother, *Eliza Witzel*

6. Mother's Maiden Name, *Grover*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Witzel*

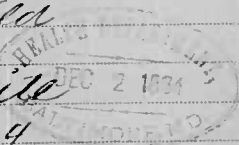
9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Wiley*

Address, *No 12 Patterson Park av*

Remarks,



Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th child
Male
White

Apr 2^d 1884
#8 Church St
Jennie Morgan
Jennie Pusey
Cecile Leo Ma
William Morgan
Grocer

W. B. Noble, M.D.
#50 Warren St

Report of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the day, and shall be filled out by the midwife or person attending the birth, and shall be delivered to the Commissioner of Health, in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of the person or persons attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *No. 22 - 1884*

4. Place of Birth, (Street and Number) *14 Essex St.*

5. Full Name of Mother, *Annie J. Jennings*

6. Mother's Maiden Name, *Annie J. Jennings*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Jos. Jos. Jennings*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balto Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mrs. Widen*

Remarks, *12 P.M. Post Hoc*

[illegible]

75665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- DEC 2 1961

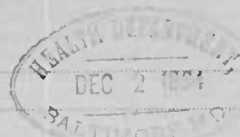
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 25th (November)
4. Place of Birth, (Street and Number) 501 West Biddle St
5. Full Name of Mother, Rebecca Ann Gibson
6. Mother's Maiden Name, Rebecca Ann Lomax
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jacob T. Gibson
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Chew.
Address,
Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person procuring midwifery in the City of Baltimore under a license charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank who shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Commissioner of Health, and shall be subject to the inspection of the Commissioner of Health, and the full name of the child, the date and place of birth, and the full name of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or without the attendance of a person who shall report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *Nov. 25th 84*
4. Place of Birth, (Street and Number) *# 58 Portland St.*
5. Full Name of Mother, *Rebecca Loeble*
6. Mother's Maiden Name, *Wen*
7. Mother's Birthplace, *Bremen, Germany*
8. Full Name of Father, *Max Loeble*
9. Father's Occupation, *W. h. l. e. n. e. r*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return, *Mary Kroh*
- Address, *# 328 S. E. l. i. n. e. St.*
- Remarks,

Record of Vital Statistics in the City of Baltimore

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance on the birth, the person attending the birth shall forthwith report the same to the Commissioner of Health, or persons who shall hereafter act in compliance with the provisions of this section, and within the period above required, and any such person for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Nov 25th

4. Place of Birth, (Street and Number) 321 East Monument St

5. Full Name of Mother, Caroline Heater

6. Mother's Maiden Name, Foster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edmund Heater

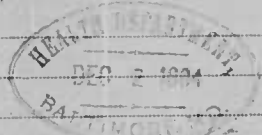
9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs M. Gortzke

Address, 55 1/2 Bond St

Remarks,



[illegible]

75669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) W.
 3. Date of Birth, Nov. 25th 84
 4. Place of Birth, (Street and Number) R #26 Lafayette St.
 5. Full Name of Mother, Rebecca Young
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Pennsylvania
 8. Full Name of Father, Charles Young
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Maryland
 Name of Medical Attendant, or other Person who makes this Return, Mary Knoch
 Address, # 328 E. Cent. Ave. St.
 Remarks,

[illegible]

75670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

34

1. Sex, (state whether male or female)

...C. H. ...

2. Race or Color, (if not of the white race)

white

3. *Date of Birth.*

Governor the

4. *Place of Birth, (Street and Number)*

Baltimore - Brunswick & Albany

5. Full Name of Mother,

Ellen Bell

6. *Mother's Maiden Name,*

944275

7. *Mother's Birthplace,*

Baltimore Co Md

8. *Full Name of Father,*

Wilber Bell

9. *Father's Occupation,*

Сибирь

10. *Father's Birthplace,*

Howard Co Ma

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Halliorn

Address,

william st no 344

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75671

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 26/84*
4. Place of Birth (Street and Number) *132 Pearl St.*
5. Full Name of Mother *Jennie C. Hamner*
6. Mother's Maiden Name *Butcher*
7. Mother's Birthplace *Balt., Md.*
8. Full Name of Father *Edwin W. Hamner*
9. Father's Occupation *Traveling Salesman*
10. Father's Birthplace *Balt., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. B. Rider*
- Address *195 N. Fremont St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltimore Health*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *20 Feb* (November)
4. Place of Birth, (Street and Number) *Ridgely No. 1*
5. Full Name of Mother, *Mary Hardy*
6. Mother's Maiden Name, *Hardy*
7. Mother's Birthplace, *Catonsville*
8. Full Name of Father, *Bud. Hard*
9. Father's Occupation, *Head Carer*
10. Father's Birthplace, *Catonsville*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Caroline Arnold*
- Address, *1111 Baltimore St. Md.*
- Remarks, *M. 20. W. 20. C. 20.*

75673

Report of the National Academies of Sciences, Engineering, and Medicine

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)... 1

Female

RECEIVED
DEC 1 1934
54

26 November

261 E. 42nd Street

Mary Dachinett

E. Leggett

Baltimore

Orman Dachirelt

Carpenter.

Baltimore

Sarah Casper

J. E. Lombard

and Sixties.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

75-675

75-675

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child
1. Sex, (state whether male or female) Little Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 26 day of November 1884
4. Place of Birth, (Street and Number) No 109 Frederick Ave Baltimore
5. Full Name of Mother, Mrs Annie Melzer
6. Mother's Maiden Name, Miss Annie Scheda
7. Mother's Birthplace, Born in Baltimore city
8. Full Name of Father, Mr George Melzer
9. Father's Occupation, Super by trade Born Berlin Germany
10. Father's Birthplace, Born Byer Germany
Name of Medical Attendant, or other Person who makes this Return, Mrs Killa
Address, 1017 west Pratt city
Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintending Physician shall keep a book or books, suitable to be furnished by the Commissioner of Health, in which he or she shall enter a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said entries shall be made by the practitioner in the form of a certificate, to be signed by him or her, and shall be filed with the Commissioner of Health, within the month of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Castel St. 24 55

4. Place of Birth, (Street and Number) 28 Chamber

5. Full Name of Mother, Marguertha Daut

6. Mother's Maiden Name, Gaeb

7. Mother's Birthplace, Leu - England

8. Full Name of Father, Martin Daut

9. Father's Occupation, _____

10. Father's Birthplace, Leu - England

Name of Medical Attendant, or other Person who makes this Return. Dr. Krause

Address, _____

Remarks, Leu St. 24 55

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, and every person who shall be employed by any person practicing midwifery, shall be and shall be deemed to be a person practicing midwifery, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conceived.) In sex, color, the full name and residence of the mother, the date of birth, the day of the month, the year, the name of the physician or practitioner of midwifery, and the name of the person in attendance upon the mother, immediately thereafter it shall, because the duty of the person or persons of such child or children, be reported to the Commissioner of Health, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall, because the duty of the person or persons of such child or children, be reported to the Commissioner of Health, and every month to the Office of the Commissioner of Health. In case the person or persons of such child or children, shall be reported to the Commissioner of Health, and every month to the Office of the Commissioner of Health, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov. 27th 1887*

4. Place of Birth, (Street and Number) *12 Block St*

5. Full Name of Mother, *Sarah Miller*

6. Mother's Maiden Name, *Ross*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Henry Miller*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Best*

Address, *120 Bank St*

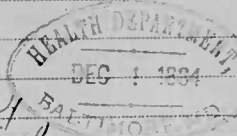
Remarks,

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly qualified and licensed physician, shall keep a true and correct register of such births made at or near the place where the birth occurs, and shall enter thereon the name of the mother, the name of the child, the date of the birth, the sex of the child, the race or color of the child, the place of birth, the name of the medical attendant, and the name of the person who makes the return. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named,) the sex of the child, the date of the birth, the race or color of the child, the place of birth, the name of the medical attendant, and the name of the person who makes the return. The schedule shall be delivered to the Commissioner of Health, in the form of a partition, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, to report the same to the Commissioner of Health, and to comply with the provisions of this section, and any such person who shall fail to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 27 1834
4. Place of Birth, (Street and Number) 151 E. Central Ave.
5. Full Name of Mother, Mrs. Kelly
6. Mother's Maiden Name, Keeney
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Kelly
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, Mary Shinn
- Address, 151 E. Ball St.
- Remarks, _____



Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time and under the penalties and forfeitures for perjury and false swearing, and the said child shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth 22 November
 4. Place of Birth, (Street and Number) 246 E. Lombard
 5. Full Name of Mother, Mary Sammers
 6. Mother's Maiden Name, Kong
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Sammers
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address, 22 E. Lombard
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75-680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Primipara

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thursday Nov. 27, 1884 4 a.m.

4. Place of Birth, (Street and Number)

309 Linden Avenue

5. Full Name of Mother,

Ella E. Trainor

6. Mother's Maiden Name,

Ella E. Foley

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Edward H. Trainor

9. Father's Occupation,

Telegraphic Operator B&O R.R.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. H. Benson, M.D.

Address,

Remarks,

(Instrumental Delivery)

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under any title or name shall be and is hereby required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date of its birth, the date of its registration, the name of the physician or practitioner of midwifery, or should to other persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such child to report the same to the Registrar of Vital Statistics, who shall be and is hereby required to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) Little Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 28 day of November 1884
4. Place of Birth, (Street and Number) Lemon St 103 Near Sullivan
5. Full Name of Mother, Mrs Geinser
6. Mother's Maiden Name, Miss Amalie Schutze
7. Mother's Birthplace, Born Bager Germany
8. Full Name of Father, Mr Mathias Geinser
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Born Wertenberg Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs Keller
- Address, 1017 west Pratt city
- Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the laws of this State shall be required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its father, the name and occupation of its mother, the name and occupation of its physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child, to be in attendance upon the mother, to sign and file with the Registrar of Vital Statistics a certificate of the birth of such child, and in case the person or persons who shall be required to file with the Registrar of Vital Statistics a certificate of the birth of such child, or persons who shall be required to file with the Registrar of Vital Statistics a certificate of the birth of such child, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 28th 1884*

4. Place of Birth, (Street and Number) *No 10 Fell st*

5. Full Name of Mother, *Lizzie Kumpage*

6. Mother's Maiden Name, *Edas*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Frank Kumpage*

9. Father's Occupation, *Fruit Dealer*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betz*

Address, *120 Bank st*

Remarks,

RETURN OF A BIRTH ⁷⁵⁶⁸³

to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race)

Date of Birth, *November 28th*

Place of Birth, (Street and Number) *Hudson Alley no number*

Full Name of Mother, *Mary Dunn*

Mother's Maiden Name, *Mc Carthy*

Mother's Birthplace, *Ireland*

Full Name of Father, *Patrick Dunn*

Father's Occupation, *Laborer*

Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby*

Address, *369 Cathedral Street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall assist, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, Name of Child

Remarks,

Female

White

Nov 28 1884

182 East Pratt St

Emma C Schlesinger

Emma C Fisher

Philadelphia

Henry Schlesinger

House Carpenter

Baltimore Co

Mrs Louisa Smith

Bertha Schlesinger

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up as far as the same can be filled up by the midwife or person practicing midwifery, and shall be delivered to the Commissioner of Health at the expiration of each month, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should go on after even without the attendance of a Physician or practitioner of midwifery, the person who shall have been present at the birth shall report the birth to the Commissioner of Health in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

75685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child of child*

1. Sex, (state whether male or female) *A Female child*

2. Race or Color, (if not of the white race) *Colored* DEC 2 1884

3. Date of Birth *Born Nov. the 28 1884*

4. Place of Birth, (Street and Number) *No 167 York St Balto.*

5. Full Name of Mother, *Amelia E. Davis*

6. Mother's Maiden Name, *Amelia E. Maddox*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Wm E. Davis*

9. Father's Occupation, *Oyster S. Chucker*

10. Father's Birthplace, *Balto Md.*

Name of Medical Attendant, or other Person who makes this Return, *Millie Gross*

Address, *No 12 Plum alley Balto*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) -

3. Date of Birth Apr 28

4. Place of Birth (Street and Number) 59 S Arlington Ave

5. Full Name of Mother Kate Rosenwinkel

6. Mother's Maiden Name Kate Meath

7. Mother's Birthplace Germany

8. Full Name of Father August Rosenwinkel

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Robert Knears

Address 554 W Fayette St

Remarks

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished to the midwife by the Commissioner of Health, in which shall be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, to enable him to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 23 1884*

4. Place of Birth, (Street and Number) *Cockes St*

5. Full Name of Mother, *Fredericka Ester*

6. Mother's Maiden Name, *Fredericka Szwarc*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Ester*

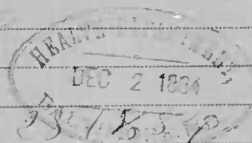
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Rev. Maggie Ester*

Address, *No 13 Cockes St*

Remarks,



Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and complete record of the birth, and shall be filed in the office of the Commissioner of Health. In case the midwife or person practicing midwifery shall fail to keep such register, or shall fail to file the same in the office of the Commissioner of Health, as far as the same may be applicable, the full name of each child (if any) shall have been conferred, the date and place of birth, the date and place of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the midwife or person practicing midwifery shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁶⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 November

4. Place of Birth, (Street and Number) 31 Harford ave.

5. Full Name of Mother, Emma Hinderson

6. Mother's Maiden Name, " Johnson

7. Mother's Birthplace, Harford County Md.

8. Full Name of Father, Arthur B. Hinderschied

9. Father's Occupation, Working Blue Manufacturer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Rosa Altzig
48 Holland St
Balt.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, during the year ending on the 31st day of December, and shall be signed by the midwife or practitioner, and shall be forwarded to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the parent or parents of such child, to be in and at the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

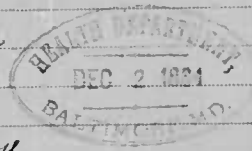
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



SECTION 7.—And he if further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintendence a birth shall hereafter take pains, shall keep a true and correct register of such birth and shall file the same with the Registrar of Vital Statistics, and shall also keep a true and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the end of the month, and the Registrar shall enter the same in the register of births of the City. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or persons of such child, or he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence so incurred as other laws and ordinances are so recited.

RETURN OF A BIRTH 75691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 28th 1884
4. Place of Birth, (Street and Number) 274 Eastern Ave
5. Full Name of Mother, Louisa Regel
6. Mother's Maiden Name, Brecker
7. Mother's Birthplace, City
8. Full Name of Father, George Regel
9. Father's Occupation, Funck maker
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Betz
- Address, 120 Bank Str
- Remarks,

Section 7—And, be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under these laws or Superintendence a birth shall hereafter taken place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the name of the mother, the date of birth, the sex, the race or color, the place of birth, the name of the father, the occupation of the father, the name of the medical attendant, the name of the person who makes the return, and the date of the birth. The said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the said schedule shall be filled out by the mother, or by the father, or by the nearest person to the birth, or by the person who shall hereafter fall to comply with the provisions of this section, and within the period above required, and any such person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28th Dec.*

4. Place of Birth, (Street and Number) *28 E. Pratt St.*

5. Full Name of Mother, *Lizzie Gublinghurst*

6. Mother's Maiden Name, *Willert*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John H. Gublinghurst*

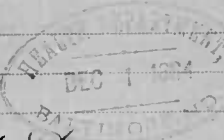
9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sophia Simon*

Address, *5072 Grand St.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 29th 1884

4. Place of Birth, (Street and Number)

No. 242 W. Pratt St.

5. Full Name of Mother,

Maria Laschofeske.

6. Mother's Maiden Name,

Sachsfe.

7. Mother's Birthplace,

Bollen.

8. Full Name of Father,

John Laschofeske.

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bollen.

Name of Medical Attendant, or other Person who makes this Return

Ana Lindner

Address,

No. 456 W. Morris St.

Remarks,

NOTICE

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was received in the same
condition and microfilmed
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assure legibility and com-
pleteness.

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore and who shall receive or be perceived to receive a fee for attending a birth shall enter the name of the child born, the name of the mother, the date of the birth, the sex, color, and whether the child was born alive or dead, in a book to be furnished by the Commissioner of Health. This schedule shall remain on file in the Office of the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date of its birth, and whether it was born alive or dead, and the date of its death, if it should die within the year of its birth, or before the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be its attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and to file the same in the Office of the Commissioner of Health, and to pay the fee of ten (10) dollars for each offence to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Remarks,.....



SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioners of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife, or other person who shall be present at the birth, and shall contain the following particulars:—The date and place of its birth, and (the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parent or person who shall be present at the birth, and shall be retained by the midwife for one year after the date of its birth, and shall be subject to the inspection of the Commissioners of Health, or of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 29/84*

4. Place of Birth, (Street and Number) *618 David Hill Ave*

5. Full Name of Mother, *Alice Hoover*

6. Mother's Maiden Name, *Alice Buckley*

7. Mother's Birthplace, *Genevieve N.C.*

8. Full Name of Father, *W. Barclay Hoover*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *MD*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Allen M.D.
188 Franklin St

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth occurring in the City of Baltimore, and shall file the same with the Registrar of Births, and shall also file a true and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate of birth, to the Registrar of Births, and the said certificate shall be filed by the Registrar in the form of a birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, shall be liable to a fine of not more than \$10, and any such person who shall be convicted of such offense shall be liable to a fine of not more than \$10, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 November

4. Place of Birth, (Street and Number)

9 B. Leomin

5. Full Name of Mother,

Mary Bassah

6. Mother's Maiden Name,

Sammas

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Antonio Bassah

9. Father's Occupation,

Fruit Dealer

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,

SECTION 7.-And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall file the same with the Registrar of Vital Statistics, in the manner and to the effect following, to wit: That he or she shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth of any child shall occur without the attendance of a Physician or unlicensed midwifery, or should in any case be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁷⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 30 December
4. Place of Birth, (Street and Number) 125 Asquith St.
5. Full Name of Mother, Grace Oppenheimer
6. Mother's Maiden Name, " Lorenenthal
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Harmon Oppenheimer
9. Father's Occupation, Store
10. Father's Birthplace, France
- Name of Medical Attendant, or other Person who makes this Return, Mrs Rosa Ellig
- Address, 488 Hollander St.
- Remarks, Call.

NOTICE

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JOHN B. HUNT & CO., CITY PLANTERS AND STATISTICAL.

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BALTIMORE MD

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Ann A. & N. L.

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Mar. 18, 1901

1892

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"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2 child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 30th 1884

4. Place of Birth, (Street and Number)

63. Parrish St Balto Md.

5. Full Name of Mother.

Mary Schlitzzy

6. Mother's Maiden Name,

Mary Jacob

7. Mother's Birthplace,

Germany

8. Full Name of Father.

~~George Schlitzzy~~ George Schlitzzy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Kroening

Address,

No 60 Parrish St

Remarks,

74703


DEC 1 1964

- [illegible]

757024

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

and
Milk.



Nov. 30th 80

293 Sharp Sh.

Louise Spindler

Winehouse

Ballinore

Fred Spindler

Tea dealer

Prinssin

Mary Hook.

#328 L. Eustank St.

Remarks,--

John Murphy & Co., City Printers and Stationers

Section 7. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under a license or certificate, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the occupation of the father, the name of the medical attendant, the name of the person who reports the birth, and the date of the report. The said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person who reports the birth of such child to report the same to the Commissioner of Health, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 10-9-52

75705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

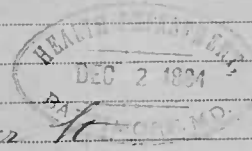
Name: *Flora Giesregen*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *Nov 30th, 1884*
4. Place of Birth, (Street and Number) *No 113 Market St*
5. Full Name of Mother, *Emma Giesregen*
6. Mother's Maiden Name, *Kohl*
7. Mother's Birthplace, *U. S. A.*
8. Full Name of Father, *Rev William Giesregen*
9. Father's Occupation, *Minister*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs A. Giesregen*

Address, *55 N. Bond St*

Remarks,



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 8th 1884

4. Place of Birth (Street and Number)

58 Saratoga St.

5. Full Name of Mother

Emily May

6. Mother's Maiden Name

Emily Hopkinson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

J. Alfred May

9. Father's Occupation

Insurance Agent

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Engene P. Cordell M.D.

Address

1250 N. Charles St

Remarks

Breech Presentation

NOTICE

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was received in the same
condition and microfilmed
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assure legibility and com-
pleteness.

SECTION 6.—And be it further enacted and ordained, That every person practising midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health, and shall file the same with the Registrar of Vital Statistics, within the time and in the manner hereinafter provided. And be it further enacted and ordained, That every person practising midwifery in the City of Baltimore, shall, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name of the physician, or of a practitioner of midwifery, or of any other person to whose attendance upon the mother, immediately thereafter, it shall then become the duty of the person practising midwifery, to be entered in the register, and shall, in the case of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex. (state whether male or female) Male

2. Race or Color. (if not of the white race) White

3. Date of Birth. Nov 20 1884

4. Place of Birth. (Street and Number) W 86 Lombard St

5. Full Name of Mother. Annie Jones

6. Mother's Maiden Name. Annie Beach

7. Mother's Birthplace. Baltimore

8. Full Name of Father. Oliver Jones

9. Father's Occupation. Bricklayer

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. S. S. Kelly

Address. 10797 Pratt St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 2/84

4. Place of Birth, (Street and Number)

304 Greenmount ave

5. Full Name of Mother,

Ida May Leonard

6. Mother's Maiden Name,

" " George

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Leonard

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 So Broadway

Remarks,

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was received in the same
condition and microfilmed
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assure legibility and com-
pleteness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 23rd 1884

4. Place of Birth (Street and Number)

145 - S. Sharp St

5. Full Name of Mother

Amelia Mason

6. Mother's Maiden Name

Amelia Bond

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Herman Mason

9. Father's Occupation

Laborm

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Phillips

Address

37 W. Lombard

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored - not Black*

3. Date of Birth *November 23rd 1884*

4. Place of Birth (Street and Number) *No. 6 Vine St.*

5. Full Name of Mother *Susan Campbell*

6. Mother's Maiden Name *Susan Reid*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *William Campbell*

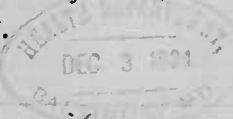
9. Father's Occupation *Servant*

10. Father's Birthplace *md*

Name of Medical Attendant, or other Person who makes this Return. *Eugene F. Cordell M.D.*

Address *125 Charles St*

Remarks



75713

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the laws of the State of Maryland shall keep a true and correct register of such birth and deaths as shall occur within the City of Baltimore, and shall enter the same in a book to be kept by him or her, and shall file a copy of such register with the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been born, the date of birth, the sex, the race, the color, the place and day of each, and every month to the Office of the Commissioner of Health. In case the parents, the father or mother, or both, shall neglect to comply with the provisions of this section, or shall fail to report the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or attend no other person in attendance upon the mother, immediately thereafter it shall be the duty of the Commissioner of Health to cause the same to be reported to the Office of the Commissioner of Health, and any such person for each offense do be recorded as other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth *November 28, 1884*

4. Place of Birth, (Street and Number) *285 N. Ann St.*

5. Full Name of Mother, *Kate O. Doyle*

6. Mother's Maiden Name, *McConnell*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Thos. G. Doyle*

9. Father's Occupation, *Policeman*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return. *Mary A. Allwell*

Address, *286 McDonald St*

Remarks,

Register of Births, Deaths and Marriages of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall also contain a list of the deaths which have occurred under his or her charge during the month, and shall also contain a list of the marriages which have occurred under his or her charge during the month. The full name of each child, if born, shall be entered on the schedule, and the full name of each parent, and the date of birth of each child, and the date of death of each parent, shall be entered on the schedule. The schedule shall be signed by the practitioner, or of a practitioner of midwifery, or of a physician, or of a nurse, or of a midwife, or of a person who has attended the birth, or of a person who has attended the death, or of a person who has attended the marriage, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a midwife, or of a person who has attended the birth, or of a person who has attended the death, or of a person who has attended the marriage, the duty of the parent or parents, or such child to report his birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 23. 84*
4. Place of Birth, (Street and Number) *No 8 Oak St.*
5. Full Name of Mother, *Kate Rodenmayer*
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, *J. J. Rodenmayer*
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Henry Chandalce
181 Linden Av.
city?

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) *a female child*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov 23 1884*
4. Place of Birth, (Street and Number) *10 E. wedge st*
5. Full Name of Mother, *Jenna Tiler*
6. Mother's Maiden Name, *Jenna Chew*
7. Mother's Birthplace, *West river Anne randel Co*
8. Full Name of Father, *Gustave Tiler*
9. Father's Occupation, *farmer*
10. Father's Birthplace, *West river Anne randel Co*
- Name of Medical Attendant, or other Person who makes this Return *Dr George Anna Miller - 36 Stockton*
- Address, *Chap*
- Remarks, _____

Section 7.—And he is further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a list of the names of all children born in the City of Baltimore, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full names of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its mother, the date of its birth, and the date of its registration. The schedule shall be filed in the office of the Commissioner of Health, and a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the event of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to appear before the Commissioner of Health, and from the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2. Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 27 of November*
4. Place of Birth, (Street and Number) *No 45 Greenmount Ave*
5. Full Name of Mother, *Mary Manning*
6. Mother's Maiden Name, *Mary Buckley*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *James Manning*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Ireland*
Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*
Address, *No 173 Hazard Ave*
Remarks, *Bal. Md.*

1884

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27th St. (Thanksgiving Day)
4. Place of Birth, (Street and Number) #95 W. Preston St (Charles St.)
5. Full Name of Mother, Fannie Bondal Brooks
6. Mother's Maiden Name, Fannie Land Bondal
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, Walter Booth Brooks Jr
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, A. E. Wilson M.D.
- Address, 146 South St.
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 75719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 27th 1884 (Thanksgiving Day)

4. Place of Birth, (Street and Number) #167 Preston Street (M. H. Easton St.)

5. Full Name of Mother, Louisa Staub

6. Mother's Maiden Name, Louisa Hohnmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Staub

9. Father's Occupation, Carpenter & Builder.

10. Father's Birthplace, Frederick - Maryland

Name of Medical Attendant, or other Person who makes this Return

Address, 146 & 152 Park Ave.

Remarks, Robert J. Wilson. M. D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 27 1884*
4. Place of Birth, (Street and Number) *27 W. Sharp St.*
5. Full Name of Mother, *Kate Le Compte*
6. Mother's Maiden Name, *" Ryland*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward L. Le Compte*
9. Father's Occupation, *Cyber Pack*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Dr. W. G. Gumbel*
or other Person who makes this Return.
- Address, *1705 Sharp St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, natively, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ...

Nov 29th 1884

4. Place of Birth, (Street and Number)

25 Bleecker St.

5. Full Name of Mother, ...

Margdalena Hirschmann

6. Mother's Maiden Name,

"Balto" Schweiger

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Adolf Hirschmann

9. Father's Occupation,

Cabinetmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

D. W. Grady

Address,

1705 Sharp St

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under the laws of the State, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same may be ascertained the full name of each child (if any) and the date of birth, and the name of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the name of the physician or practitioner of midwifery, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

November 28. 1884

4. Place of Birth, (Street and Number)

430 Disquith st

5. Full Name of Mother,

Maggie Kraft

6. Mother's Maiden Name,

Galester

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Geo. P. Kraft

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allen

Address, *286 Mc Donough st*

Remarks,

Section 7.—And be it further enacted and contained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the mother and child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if any shall have been conferred. In case the certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur between the first and third day of each and every month in the office of the Commissioner of Health, the person who shall immediately thereafter, it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov. 28, 84*

4. Place of Birth, (Street and Number) *142 S. Stricker*

5. Full Name of Mother, *Margaret L. Weeks*

6. Mother's Maiden Name, *Turner*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Saml. M. Weeks*

9. Father's Occupation, *Pattern Maker*

10. Father's Birthplace, *West River*

Name of Medical Attendant, or other Person who makes this Return, *L. R. Wilson*

Address, *837 W. Pratt*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 28/84

4. Place of Birth, (Street and Number)

308 E. Pratt St.

5. Full Name of Mother.

Mamie Brown

6. Mother's Maiden Name,

Mamie Harris

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

McLain Brown

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 75927

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

31

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov^r 29th 1884

4. Place of Birth, (Street and Number)

187 Hanover St

5. Full Name of Mother

Annie E. Bielefeld

6. Mother's Maiden Name

Kraft

7. Mother's Birthplace

Balto City

8. Full Name of Father

Herman H. Bielefeld

9. Father's Occupation

Bar Room

10. Father's Birthplace

Balto City

Name of Medical Attendant, or other Person who makes this Return.

N. Lee

Address

N. W. cor Hanover & Balto St

Remarks

75728

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st - 1st

1st - child.

e)

e) white

RAY

Aspinwall H. v. 32.

Harry Scharnagel

e, Harry Saw

ce, Baldy city

7. *Nicolaus Stenmark*

n, elate

e, $B.L.H^D$ t_{cd}

or other Person who makes this Return.

Mary E. Miller

W. Dallas Jr. 1426

ks, 2006-07-19 18:00:00

[illegible]

SECTION 7.—And in it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a column for the name of the child, a column for the name of the mother, a column for the name of the father, a column for the date of birth, a column for the place of birth, a column for the sex of the child, a column for the race or color of the child, a column for the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the practitioner fails to do so, he or she shall be liable to a fine of ten dollars or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court of Sessions, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵⁷²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 30 of November 1884*
4. Place of Birth, (Street and Number) *No 100 Somerset Street*
5. Full Name of Mother, *Mary Lucy*
6. Mother's Maiden Name, *Mary Schulten*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frank Lucy*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mrs C. H. Sauer*
Address, *No 173 Wapond Hill*
Remarks, *Cal. Med.*
1884

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should on other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
 1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *30th of November 1884*
 4. Place of Birth, (Street and Number) *No 5 Metuan Alley*
 5. Full Name of Mother, *Lanty Stokoy*
 6. Mother's Maiden Name, *Lanty Mean*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Scott Mean*
 9. Father's Occupation, *Butcher*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
 Address, *11 North Chapel Street per Justina Kunkel*
 Remarks, *Healthy*

SECTION 7.—And he it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall be bound to file and record, in the Office of the Registrar of Births, a true and correct report of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its mother, the date and hour of its birth, the date and hour of its delivery, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period stated required, and any such person who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 12 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 30 of November

4. Place of Birth, (Street and Number)

No 84 Somerset street

5. Full Name of Mother,

Barbara Fisher

6. Mother's Maiden Name,

Barbara Robert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Robert

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Dr. Ch. Sauer

Address,

No 17 1/2 Waverley Ave

Remarks,

Baltimore Md
1884

75732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

- Maale

- White

- Nov 30th 84

- Maternity Hospital

- May Lippincott

- “ / / ”

- Pa.

-

-

-

or other Person who
makes this Return.

F. R. Nordmann No. 5

[illegible][illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Child
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 30. 1881

4. Place of Birth, (Street and Number)

N. 18. Delmon aly.

5. Full Name of Mother,

Emile Mailia

6. Mother's Maiden Name,

Emile Schalk.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

William Mailia

9. Father's Occupation,

Blacksmith

10. Father's Birthplace.

Germany.

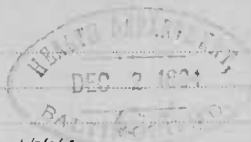
Name of Medical Attendant, or other Person who makes this Return

Dr. L. L. L. L.

Address,

N. 45 d. Monroe St.

Remarks,



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Section 7.—And be it further enacted and ordained that every person procuring and wife or in the City of Baltimore and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name and sex of the child, and the name and sex of the mother, and the name of the father, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother or father, or any other person who shall be present at the birth, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 30, 1884*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

121

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7/5/35

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November

4. Place of Birth, (Street and Number) No 24 Spring St

5. Full Name of Mother, Harriet E. Hamblinton

6. Mother's Maiden Name, Harriet E. Jones

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Legend Hamblinton

9. Father's Occupation, Shoe dealer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant,

or other Person who makes this Return

Wm. G. Bayles

Address,

No 386 Thayerd St

Remarks,

75436

[illegible]

- 5 本

female.

white

Nov. 30

No 2. Bedford Alley

Minnie Bayers

Minnie A. Meakin

Baltimore

Martin Bayers

Barber

Germany.

Rev. King, 3 June

28, 4 1/2, 1 1/2

Remarks. ...

Section 7.—And he is further directed and enjoined that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 28th 1884

4. Place of Birth, (Street and Number)

208 South Street

5. Full Name of Mother,

Susan Catherine Lucide

6. Mother's Maiden Name,

Winters

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George C. Lucide

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return,

James E. McKame, M.D.

Address,

447 E. Pratt Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth has occurred shall be and he shall be bound to file with the Registrar of Births a true and correct register of such birth containing the name of the child, the name of the mother, the date and place of birth, and the sex of the child, and the name of the physician or practitioner in the form of a certificate of birth, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report to the Commissioner of Health in the form of a certificate of birth, and every month to the Office of the Commissioner of Health. Any person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Nov. 28. 84.
W. Koestelzstr. No. 66.
Augusta Schaefer
Hess
Hessen
Hermann Schaefer
Putzsch
Hessen
Mry. Joh. Baumbach
D. Wolffstr. No. 114

757.39

Health, Baltimore City.

- Mar. 28. '84.
W. Durham St 13
Katharine Bunker
Wolf
Hessen
Geary Bunker
Tolar
Hessen
My. Gab. Bunker
St. Wolf St 14

Mr. John Knecht
S. W. Waagstr. 14

270 Wolf St. 14

.....

John Murphy & Co., City Printers and Stationers

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

75740
DEC 3 1894
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct: 26th

4. Place of Birth, (Street and Number)

276 Calvert St (near Eager St)

5. Full Name of Mother,

Virginia Cabell Tyson

6. Mother's Maiden Name,

Catherine Cabell

7. Mother's Birthplace,

Milwaukee - Wisconsin.

8. Full Name of Father,

Benj Howard Tyson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who
makes this return

H. C. Wilson M. D.

Address.

146 Park Av.

Remarks.

Section 7.—And he is further enacted and ordained that every person practicing midwifery at the time of the birth of a child, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the person's charge or superintendence, and shall be filled out by the person, and shall be returned to the Commissioner of Health, with the fee thereon, at the time when the same shall have been conferred. It shall be the duty of the person, in the case of a birth, to sign the said schedule, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or other person, the person or persons who shall have been present at the birth shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 3rd, 1884

4. Place of Birth, (Street and Number) 87 Scott St.

5. Full Name of Mother, Elizabeth Donnelly

6. Mother's Maiden Name, Elizabeth Mcmaish

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, James H. Donnelly

9. Father's Occupation, Fin and Galv. iron worker

10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Catherine Sebach.

Address, _____

Remarks, _____

75744

[illegible]

157.

Female

White,

November 8th.

No. 195 Columbia Ave.

Aqueta Kruepper

Schwarz,

Balt. City.

Louis Knepper,

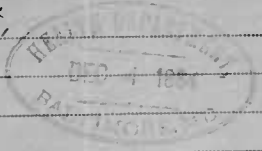
Machiniet.

Batto Co.

78 *Wm. H. Edwards*

Cor. Columbia Ave. & Belmont St.

Child's food physical Condition, & living



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father

9. *Father's Occupation.*

10 *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

John Murphy & Co., 1149 Delaware and West 10th.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under such charge or supervision as may be required by the Board of Health, shall be required to file with the Registrar a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Registrar on or before the first day of the month following the month in which the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 7*

4. Place of Birth, (Street and Number) *No. 73 Parkin St*

5. Full Name of Mother, *Maryann Burns*

6. Mother's Maiden Name, *Maryann Bennett*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Christopher Columbus Barry*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Washington, D.C.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Catharine Seebach*

Address, _____

Remarks, _____

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth in said City shall occur, shall be required to file with the Registrar of Births a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Registrar of Births, and a certificate be returned to the Registrar of Births, and the said schedule shall be subject to the inspection of the Registrar of Births, and the Registrar of Births shall be authorized to require the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Births, in the manner and within the period above required, and any neglect or refusal to do so shall be deemed a misdemeanor, and the person so offending, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth Mar. 10. 1892

4. Place of Birth, (Street and Number) Goodstr. No 75

5. Full Name of Mother, Anna Schreyer

6. Mother's Maiden Name, Weinhardt

7. Mother's Birthplace, Balt.

8. Full Name of Father, Guise Schreyer

9. Father's Occupation, Milkman

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Rembert

Address, E. Wolf No 14

Remarks,

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, in the form of a birth of any child shall occur without the duty of the person or persons of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 75748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Nov. 11. 84.
S. Wolfstr No 20
Katharina Schmidt
Vogel
Balt.
Georg Schmidt
Lebner
Balt.
Mrs. Joh. Krausbach
S. Wolfstr 17

Section 7.—And be it further enacted, that every person, firm, company, and corporation, who shall be charged with the duty of ascertaining the date and place of birth, and the name of the mother, of every child born in the City of Baltimore, shall be liable to a fine of ten dollars for each offence, and be it further enacted, that every person, firm, company, and corporation, who shall be charged with the duty of ascertaining the date and place of birth, and the name of the mother, of every child born in the City of Baltimore, shall be liable to a fine of ten dollars for each offence, and be it further enacted, that every person, firm, company, and corporation, who shall be charged with the duty of ascertaining the date and place of birth, and the name of the mother, of every child born in the City of Baltimore, shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8d,*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *13th December 1894*
4. Place of Birth, (Street and Number) *Biddle St 79*
5. Full Name of Mother, *Sarah Smith*
6. Mother's Maiden Name, *Sarah J. Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Smith*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Johanna Grebe*
- Address, *Biddle St 103*
- Remarks, *Stillborn. Placenta unattached*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished to him by the Registrar of Vital Statistics, and shall be bound to ascertain the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, and shall be subject to the inspection of the Registrar of Vital Statistics, and of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mar. 14. 84

S. G. Weststr 14

Barbara Schneider

Schmiedt

Balt.

Herb. Schneider

Plumber

Balt.

Wm. J. B. B. B.

S. G. Weststr 14

Section 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics, and shall retain the same until the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, and shall also report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mar. 17, 84
11. Kuestelstr. No 30
Margarette Michael
Hilary
Balt.
Johann Michael
Barber
Balt.
Wm. Joh. Baumbach
S. Walzstr. No 14

of birth, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month in which the birth occurs, as far as the same can be ascertained, and shall be filled out by the physician, midwife, or other person attending the birth, and shall be forwarded to the office of the Commissioner of Health, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of still-born children, shall be neglected, the parent or parents shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seven children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 17th

4. Place of Birth, (Street and Number)

100 Wash ave

5. Full Name of Mother,

Annie Liser Squires

6. Mother's Maiden Name,

Annie Liser Nichols

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred Squires

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

Mary E Bentley

Address,

18 Cammell st

Remarks,

Child living

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery, or the duties of such with or without a license, who shall deliver a child, shall report the same to the Registrar of Vital Statistics, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, and the date and place of birth, and the full name and occupation of the parents, the date and place of birth, and the said schedule shall be filed in the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a Physician or Practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such child, to report his birth to the Commissioner of Health, in the manner and within the time and under the penalties herein provided, and each failure to be recorded as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 20th 1894*
4. Place of Birth, (Street and Number) *495 W. Pratt St.*
5. Full Name of Mother, *Katharine Weisman*
6. Mother's Maiden Name, *Hildenberg*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Andrew Weisman*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. S. J. O'Donoghue*
- Address, *Cor. Columbia Ave. & Fremont St.*
- Remarks, *Child in good physical condition living*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend the birth of a child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75756

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 21st 1884.

4. Place of Birth, (Street and Number)

601 S. Charles St

5. Full Name of Mother,

Mary L. Davis

6. Mother's Maiden Name,

Ness

7. Mother's Birthplace,

Md.

8. Full Name of Father,

William J. Davis

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Md

Name of Medical Attendant,

or other person who makes this Return.

Robert S. Lowe, M. D.

Address,

333 Light St.

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery, or acting as a nurse, or who, under any name or title, shall keep a true and correct register of each birth and shall send the same to the Registrar of Vital Statistics, Baltimore City, on or before the first day of January next ensuing, shall be deemed to have complied with the provisions of this section, and shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recovering.

RETURN OF A BIRTH ⁷⁵⁷⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Saturday November 22*
4. Place of Birth, (Street and Number) *56 South Oregon St Balt*
5. Full Name of Mother, *Charlotte Wilson*
6. Mother's Maiden Name, *Charlotte Hartman*
7. Mother's Birthplace, *56 South Oregon St Balt*
8. Full Name of Father, *Richard Hall Wilson*
9. Father's Occupation, *Black smith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Katherine Seebach*
- Address, *56 South Oregon St Balt*
- Remarks,

SECTION 7.—And be it further enacted and ordained, that every person practicing medicine and surgery in the City of Baltimore, and who is not a member of the Board of Health, shall, before he or she can lawfully practice, obtain a license from the Board of Health, and shall cause the same to be recorded in the register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, the day of the month and year of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth Mar. 25. 84.

4. Place of Birth, (Street and Number) Fennell St. No. 402

5. Full Name of Mother, Mary Ann Goffmann

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, Balt.

8. Full Name of Father, Friedrich Goffmann

9. Father's Occupation, Brunnenmacher

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Wm. Joh. Krausbach

Address, 111 E. Welfstr 111

Remarks,

under "RETURN" and "BIRTH" and shall be filled out by the person who keeps a house and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any also have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if any, and the date and place of burial, if any, and the date and place of birth of any child that occur without the attendance of a physician or practitioner of midwifery, or should in other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than \$10, and to imprisonment for not more than 30 days, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th November 1884
4. Place of Birth, (Street and Number) Hornst. 23
5. Full Name of Mother, Margarette Freier
6. Mother's Maiden Name, Margarette Rembe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Freier
9. Father's Occupation, Soldat
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Johanna Freier
- Address, Biddle St 102
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75761

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Blk*

3. Date of Birth, *26 Nov 1884*

4. Place of Birth, (Street and Number) *87 Saratoga St*

5. Full Name of Mother,

Mary Brooks Mary E Brooks

6. Mother's Maiden Name,

Do not know

7. Mother's Birthplace,

Balto Maryland

8. Full Name of Father,

Brooks Shepard Mallory

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Do not know Virginia

Name of Medical Attendant, or other Person who makes this Return.

Arthur Atkinson M.D.

Address,

119 N Charles St. Balto

Remarks,

Child was prematurely born -

Said to be at 6th month

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female,

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 28, 1884

4. Place of Birth, (Street and Number)

438 E. Fayette St.

5. Full Name of Mother,

Maryland Virginia Lee Emory

6. Mother's Maiden Name,

" " " Hammond
" " " Richmond Va.

7. Mother's Birthplace,

8. Full Name of Father,

Walter Hamling Emory,

9. Father's Occupation,

Store

10. Father's Birthplace,

Thomaston, Me.

Name of Medical Attendant, or other Person who makes this Return

G. C. Kirk M. D.

Address,

29" E. Balt. St.

Remarks,

Natural

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *for 1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *28th November*
4. Place of Birth, (Street and Number) *18 Josephine St*
5. Full Name of Mother, *Maggie Seamer*
6. Mother's Maiden Name, *Seamer*
7. Mother's Birthplace, *Esmond Town - Eastern Shore Va*
8. Full Name of Father, *Parker Brown*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Mary A Thompson*
- Address, *28 Josephine St*
- Remarks, *None*

What any physician, accoucher, midwife, or other person in charge, who shall attend, report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ...

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

75765
8
female
Caucasian
Nov 30. 1884
Duncan alley No. 2
Margaret Hall age 40 yrs
Mother - - - - -
Baltimore Co
William Hall - 42 years
Car Driver
Baltimore
Ellen Hall
No 24 Chapin
near near Chase.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov. 30th 1884*
4. Place of Birth (Street and Number) *255 Calver St*
5. Full Name of Mother *Eliza L. Brown*
6. Mother's Maiden Name *Wicks*
7. Mother's Birthplace *Salisbury, N.C.*
8. Full Name of Father *Alex Brown*
9. Father's Occupation *Grain Farmer*
10. Father's Birthplace *Kent Co. Md*
Name of Medical Attendant, or other Person who makes this Return. *Chas. Barker*
Address *25 Calver St*
Remarks

SECTION 7.—And be it further enacted and ordained, that every person possessing the right in the State of Maryland, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and complete record of the birth, and shall be filed in the office of the Commissioner of Health. And be it further enacted and ordained, that the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the possessor in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the possessor shall deliver the said schedule of birth at any time between the first and third day of the month following the birth of the child. And be it further enacted and ordained, that any person who shall fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵⁷⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20 of November 1894*

4. Place of Birth, (Street and Number) *No. 4 Arch, City*

5. Full Name of Mother, *Bridget Tully*

6. Mother's Maiden Name, *Bridget Corkin*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Tully*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Sabrina Greenhalgh*

Address, *1125 West St*

Remarks,

7576

The South School

female

Hold

October 31, 1884

No 5- Josephine Str

May I write,

May 10 Wright -

Ball-

William W Garrett

Labovitz

73 Ball - On D. 5. 1

Mar, 21 (Thurs)

No 28 Josephine Street

Am

E. PINT & CO., CITY PRINTER AND STATIONERS

SECTION 5.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Supremacy shall be bound to file with the Registrar of Vital Statistics, a true and correct copy of the birth record of each child born in the City of Baltimore, and to be retained by the Registrar of Health. This schedule shall contain a list of the birth, which has occurred under his or her care during the month, and shall set forth as far as the value can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, the name of the physician or practitioner of midwifery, or should no midwife or person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, within the time specified in the regulations of this section, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75769

1st Child

Male

28 5 1884

No. 622

Madame Koenig

Koenig

America

Henry Koenig

Retailer

America

Schlosser midwife

330 Hanover St.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its mother, the name of the father, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the remarks, and shall forward the same to the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Office of the Commissioner of Health, and the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵⁷⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Nov 30 1894*
4. Place of Birth, (Street and Number) *No. 263 Spring St.*
5. Full Name of Mother, *Anna Reath*
6. Mother's Maiden Name, *Dubois*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Robert Reath*
9. Father's Occupation, *Charcoal burner*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return, *J. Schragin midwife*
- Address, *330 W. Baltimore St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 20th 1884*
4. Place of Birth, (Street and Number) *170 Lee St.*
5. Full Name of Mother, *Fredericka Wilhelmina Wittke*
6. Mother's Maiden Name, *Thornier*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Henry Wittke*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *S. H. Seldner M.D.*
- Address, *S. E. Cor. Eager & Caroline Sts.*
- Remarks.

75772

H

2월

Male

28th November 1884

499 Balto. St

Mrs Annie Haddock

Annie Kropp

Balt City

James Haddock Jr

Clerk

Clerk
Balto City

City Mrs Hunter

21 No Poppleton St

2140 Supplemental

John Murphy & Co., City Printers and Stationers.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Light complexion

3. Date of Birth,

November 29th 1884

4. Place of Birth, (Street and Number)

12th Meashu St

5. Full Name of Mother,

Sarah Johnson

6. Mother's Maiden Name,

" Smith

7. Mother's Birthplace,

8th Sep Co., Virginia

8. Full Name of Father,

George Johnson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Orangetown Va.

Name of Medical Attendant,

or other Person who makes this Return

Amelia Johnson

Address,

6. Hamilton St

Remarks,



SECTION 7.—And be it further enacted and ordained that every person under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, who shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and this said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, who shall file the same, and shall be subject to the inspection of the Registrar of Vital Statistics, who shall be in attendance upon the Registrar of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as hereinafter provided, and such fine shall be recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

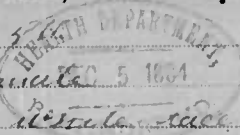
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Baltimore Md. 8c. 10

Baltimore East St. 1000

Emmie Baker

Miskimen

Baltimore

Charles Baker

Bricklayer

Baltimore

Elizabeth Hathorn

William St. No. 1094

Section 7.—And be it further enacted, and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



of Baltimore, under whose charge or superintendence a birth is kind, except in cases of stillbirth, and in such cases, the Registrar shall certify to the Board of Health, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place of its birth, the name of the physician or midwife attending, and the name of the person who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 8th 1881

4. Place of Birth, (Street and Number)

330 W Broadway

5. Full Name of Mother,

Jeanette S. Bower

6. Mother's Maiden Name,

Spittle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Clifford Bower

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. W. Selders M.D.

Address,

S. E. Cor. Eager Caroline Sts

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth (Child)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *November 13 1884*
4. Place of Birth (Street and Number) *# 19 Whatecoat st*
5. Full Name of Mother *Deborah Jones*
6. Mother's Maiden Name *Deborah Lee*
7. Mother's Birthplace *Eastern shore Maryland*
8. Full Name of Father *George Washington Lee*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *West river*
Name of Medical Attendant, or other Person who makes this Return. *May Cathen Jones*
Address *# 111. Woodyside st*
Remarks *Baltimore City Md*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75778

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Collard*
3. Date of Birth *November 15, 1884*
4. Place of Birth (Street and Number) *111. Whitcomb St*
5. Full Name of Mother *Larry Smith*
6. Mother's Maiden Name *Larry ~~Smith~~ Wife of Paul Lee*
7. Mother's Birthplace *Elesu. Geo. wa*
8. Full Name of Father *Paul Lee*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *Elesu. Geo. wa*
- Name of Medical Attendant, or other Person who makes this Return. *May Gathen Jones*
- Address *#111. Wagoner St*
- Remarks *Baltimore City Md*

75779

[illegible]

- MAX M. PLOT & CO., CITY PRINTERS AND STATIONERS

of Baltimore, under whose charge or superintendence a birth and death record is made, shall be furnished by the Commissioner of the Health Department, and shall not be subject to any other person who makes this return.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26th 1884
4. Place of Birth, (Street and Number) 43 Thayer St.
5. Full Name of Mother, Lina Leback
6. Mother's Maiden Name, Lrysholl
7. Mother's Birthplace, Russ. Russia
8. Full Name of Father, Barney Leven
9. Father's Occupation, Cigarrette mfg.
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return Mrs. R. Goldsmith
- Address, 44 Thayer St.
- Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Commission-
ers of Health with a schedule containing the names of the births which he or she has attended to during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; his sex, color, the full name and occupation of its parents, the day and month of its birth, the name of the physician or midwife attending, and the name of the person in the form of a certificate, between the first and third day of each and every month to the next day of January, or the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to cause a certificate to be made, and to be signed by him or her, and to be filed within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W. Lite*

3. Date of Birth, *30th of Nov.*

4. Place of Birth, (Street and Number) *Bellair Road (Balto. County)*

5. Full Name of Mother, *Annie Pauly*

6. Mother's Maiden Name, *Annie Gayl*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Pauly*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary Walter*

Address, *125 N. Caroline St.*

Remarks, _____



to be filled out by the Registrar of Births, and report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75786

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seven Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *October 3rd 1884*
4. Place of Birth (Street and Number) *#5 Rice St*
5. Full Name of Mother *Sarah Sheals*
6. Mother's Maiden Name
7. Mother's Birthplace *Carver Co. Maryland*
8. Full Name of Father *Daniel Lewis*
9. Father's Occupation *Wood Carver*
10. Father's Birthplace *Carver Co. Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *May Gathen Jones*
- Address *#11. Woodpecker St*
- Remarks *Baltimore City Md*

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, cause or assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 16 1884*
4. Place of Birth (Street and Number) *100 36 Whetstone St*
5. Full Name of Mother *Maggie McCarley*
6. Mother's Maiden Name *Maggie Gunning*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *David McCarley*
9. Father's Occupation *Carriage Repairer*
10. Father's Birthplace *Mayland*
Name of Medical Attendant, or other Person who makes this Return. *Mary E. Jones*
Address *No 11 W. Holliday St*
Baltimore City
Remarks

7578

54

54

Female

HEALTH DEPARTMENT
DEC 6 1994
BALTIMORE, MD

10th Dec 1888

56 Lee St

Laura Esmer

Kassie

Ball

John Esmer

Clark

13 net.

1897 Nelson Jr

57 Baum

5 / 190000

John Murphy & Co., City Printers and Binders

Section 7.—And he is further enacted and ordained that every person practicing medicine or surgery in this city shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name of the mother, and the name of the father, and the name of the child, and the name of the physician or practitioner of midwifery, or should no other person be present, the name of the person attending the birth, and the name of the person who shall hereafter call to the attention of the Commissioner of Health, in the manner and within the time provided in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁷⁵⁷⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 16 1884

4. Place of Birth, (Street and Number) 326 Hanover

5. Full Name of Mother, Carrie Wagner

6. Mother's Maiden Name, Armstrong

7. Mother's Birthplace, Balt.

8. Full Name of Father, Miller Wagner

9. Father's Occupation, Handmaker

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other Person who makes this Return, Wm. M. M. M.

Address, 57 13 Ave.

Remarks, _____

75790

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

- DEC 6 1964

By Laura Thompson

219 Madison ave

Remarks,

John Murphy & Co., City Printers and Stationers

75791

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 156

2. Race or Color, (if not of the white race) white

3. Date of Birth Nov. 24, 1884

4. Place of Birth, (Street and Number) 294 Penna ave

5. Full Name of Mother, *Mary E. Rickett*

6. Mother's Maiden Name, " " Gruber

7. Mother's Birthplace, *md*

8. Full Name of Father, Francis Rickert

9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return. *G. L. L. Nancy Hill*

Address, 219 Madison Ave

Remarks, tedious labor: chloroform + intra-muscul used.
child born alive.

[illegible]

Section 7. And be it further enacted and ordained that every person practicing as a midwife or Surgeon-midwife a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date of birth, the race or color, the sex, the place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall set forth the name of the person who attended the birth of the child, and the name of the person who attended the mother, and within the period above mentioned and any extension thereof, and any person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec. 1st 84*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Kate Strover*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Med.*

8. Full Name of Father, *"*

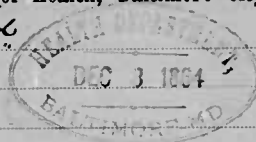
9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



G. R. Nordmann M.D.

under whose charge or Superintendence a birth shall hereafter take place shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form prescribed, to the Commissioner of Health, within the time specified, and shall be subject to the inspection of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Little Girl*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *1 day of December 1884*
4. Place of Birth, (Street and Number) *No 18 Calverton road city*
5. Full Name of Mother, *Mrs. & Elise*
6. Mother's Maiden Name, *Min. Eigner*
7. Mother's Birthplace, *Born in Baltimore city*
8. Full Name of Father, *Mrs. John Tein*
9. Father's Occupation, *Beef Butcher*
10. Father's Birthplace, *Born in Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Keller*
- Address, *1017 west Pratt st city*
- Remarks,

Section 7. And be it further enacted, any obstetrician, physician, nurse, or other person, who shall be a further caused and assistance in the delivery of a child, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 1 December

4. Place of Birth, (Street and Number) 32 Harrison St

5. Full Name of Mother, Lena Friedenberg

6. Mother's Maiden Name, " Strahinsky

7. Mother's Birthplace, Poland

8. Full Name of Father, Philip Friedenberg

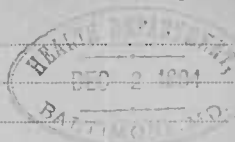
9. Father's Occupation, Shoe Store

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mr. Rosa M. M. G.

Address, 45 Holland St

Remarks, Bull



Section 7.—And be it further enacted and ordained that every person practicing medicine or surgery in this city of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the practitioner of the secretarial, the date and place of birth, and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Boys

2. Race or Color, (if not of the white race)

White

3. Date of Birth

11th December

4. Place of Birth, (Street and Number)

156 Alexander St

5. Full Name of Mother,

Lehmann Schmidt

6. Mother's Maiden Name,

Lehmann Born

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Casper Schmidt

9. Father's Occupation,

Handcar Driver

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Frederike Kaufmann

Address, 102 E. Dallas St

Remarks,

Germania

Section 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, as also the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the date of the birth, the date of the registration, and the date of the filing of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to procure the same to be registered and filed in the Office of the Commissioner of Health, and in case of neglect or refusal to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *December 1, 1894*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same upon a blank schedule to be furnished for that purpose by the Registrar of Vital Statistics, and shall ascertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and shall report its birth to the Registrar of Vital Statistics, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Louisa Mienner 2d Child
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1, 1884
4. Place of Birth, (Street and Number) Durham St. No. 236
5. Full Name of Mother, Louise Mienner
6. Mother's Maiden Name, Louise Laeffler
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Georg Mienner
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Harry E. Miller

Address, W. Dallas St. No. 1216

Remarks,

Section 7. - And be it further enacted and ordained, that every person practicing medicine in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his charge during the year, and shall be filed in the office of the Commissioner of Health, on or before the first day of January next following the year in which the same were made. The said schedule shall be filled out by the practitioner, and shall contain the date and place of birth, and the midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner, the midwife shall be required to file a certificate of such birth in the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁸⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 1st 1884

4. Place of Birth, (Street and Number)

137. Grand hill ave.

5. Full Name of Mother,

Calge Short

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Charles Ct

8. Full Name of Father,

George Short

9. Father's Occupation,

porter

10. Father's Birthplace,

St Mary Co

Name of Medical Attendant, or other Person who makes this Return,

Annie Johnson

Address,

94 Lyon St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

C. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75802

[illegible]

Recd.

F. female.

White

124. Dec.

76 E. Baltimore St

Aureola Rumpf

Rancha Yagci

Baltimore

John P. Kumpf.

Clark

Baltimore

Mary Hall

125 N. Caroline St

Remarks.

of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall keep a book and
cancel register of such birth, and shall enter the same on a blank schedule to be furnished by the Commis-
sioner of Health. This schedule shall contain a list of the births which have occurred under his or her
charge, and shall be filled out by the practitioner, or other person, who shall be present at the birth, and
shall be filed in the office of the Commissioner of Health. The full name and occupation of the parents, the day and
place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a
certificate, between the first and third day of each and every month, to the Commissioner of Health, or
to the Registrar of Births, or to the Registrar of Deaths, or to the Registrar of Marriages, or to the
Registrar of the Board of Health, in the form of a certificate, or of a statement of delivery, or
of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period and at the place, and under the penalty, provided in and by the laws of this State,
and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

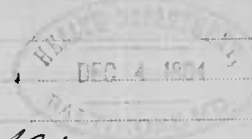
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dec 2nd 1884.
246 Lexington St.
Mary M. Mahan.
Mary M. Daily.
Baltimore City, Md.
William H. Mahan.
Book Keeper.
Baltimore City, Md.
John L. R. Hayes, M.D.
246 Lexington St.



Section 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, who shall retain the same as a permanent record, and shall cause to be printed and distributed to the midwives a list of the births which have occurred under his or her care during the month, and shall set forth in full the names of the parents, the date and place of birth, and the sex, color, the full name and occupation of its father, and the full name and occupation of its mother, and the full name and occupation of its physician or practitioner of midwifery, or should no other case be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

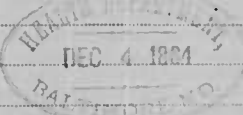
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Address, 1111 1st St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 2, 1884

4. Place of Birth, (Street and Number) 311 Montgomery St.

5. Full Name of Mother, Matilda L. H. H. H.

6. Mother's Maiden Name, H. H. H.

7. Mother's Birthplace, Germany

8. Full Name of Father, August G. H. H.

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. L. H. H.

Address, 230 Montgomery St.

Remarks,

75806

75806

plus vite

이제부터는, 이 책을 읽는 모든 사람들이 이 책을 통해, **자신과 타인을 이해하고, 타인과 소통하는 능력**을 기를 수 있기를 바란다.

124

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1. The first part of the document is a title page. It contains the title of the document, the author's name, and the date of the document. The title is "The First Part of the Document". The author's name is "John Doe". The date is "1/1/2020".

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Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair and views the screen through a mirror. The screen displays the target (a red dot) and the starting position (a black dot). The subject's hand is positioned at the starting position. The distance between the starting position and the target is 10 cm. The subject is instructed to move the hand from the starting position to the target. The distance between the starting position and the target is 10 cm. The subject is instructed to move the hand from the starting position to the target. The distance between the starting position and the target is 10 cm.

[illegible]

118 120 122 124 126 128 130 132 134 136 138 140 142 144 146 148 150 152 154 156 158 160 162 164 166 168 170 172 174 176 178 180 182 184 186 188 190 192 194 196 198 200 202 204 206 208 210 212 214 216 218 220 222 224 226 228 230 232 234 236 238 240 242 244 246 248 250 252 254 256 258 260 262 264 266 268 270 272 274 276 278 280 282 284 286 288 290 292 294 296 298 300 302 304 306 308 310 312 314 316 318 320 322 324 326 328 330 332 334 336 338 340 342 344 346 348 350 352 354 356 358 360 362 364 366 368 370 372 374 376 378 380 382 384 386 388 390 392 394 396 398 400 402 404 406 408 410 412 414 416 418 420 422 424 426 428 430 432 434 436 438 440 442 444 446 448 450 452 454 456 458 460 462 464 466 468 470 472 474 476 478 480 482 484 486 488 490 492 494 496 498 500 502 504 506 508 510 512 514 516 518 520 522 524 526 528 530 532 534 536 538 540 542 544 546 548 550 552 554 556 558 560 562 564 566 568 570 572 574 576 578 580 582 584 586 588 590 592 594 596 598 600 602 604 606 608 610 612 614 616 618 620 622 624 626 628 630 632 634 636 638 640 642 644 646 648 650 652 654 656 658 660 662 664 666 668 670 672 674 676 678 680 682 684 686 688 690 692 694 696 698 700 702 704 706 708 710 712 714 716 718 720 722 724 726 728 730 732 734 736 738 740 742 744 746 748 750 752 754 756 758 760 762 764 766 768 770 772 774 776 778 780 782 784 786 788 790 792 794 796 798 800 802 804 806 808 810 812 814 816 818 820 822 824 826 828 830 832 834 836 838 840 842 844 846 848 850 852 854 856 858 860 862 864 866 868 870 872 874 876 878 880 882 884 886 888 890 892 894 896 898 900 902 904 906 908 910 912 914 916 918 920 922 924 926 928 930 932 934 936 938 940 942 944 946 948 950 952 954 956 958 960 962 964 966 968 970 972 974 976 978 980 982 984 986 988 990 992 994 996 998 1000

[illegible]

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during his or her care, and shall be filled out by the person attending the birth, or by the person who has charge of the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, bearing the first and third day of each and every month, to the Marshal of Health, or otherwise, the day of the parent or parents of each child to report its birth to the Board of Health, in the manner and within the time specified in the regulations of the Board of Health, and the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 2/82*

4. Place of Birth, (Street and Number) *54 Fort Ave*

5. Full Name of Mother, *Agnes A Fisher*

6. Mother's Maiden Name, *" " Steadman*

7. Mother's Birthplace, *D. Md*

8. Full Name of Father, *Geo Fisher*

9. Father's Occupation, *Stock Dealer*

10. Father's Birthplace, *Md*

Name of Medical Attendant, or other Person who makes this Return *Dr L D Blackman*

Address, *" "*

Remarks, *This was a Premature birth approx 6 weeks duration of uterine gestation.*

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75808

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Dec. 2/84

4. Place of Birth, (Street and Number) 540 Pennsylvania Ave,

5. Full Name of Mother Emma V. R. Mohr

6. Mother's Maiden Name Man K.

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Henry V. Mohr

9. Father's Occupation Insurance Agent

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. H. K. Getherhoff M.D.

Address 205 W. Biddle St.

Remarks

but any physician, accoucheur, midwife, or other person who makes this Return, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75810

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st 2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 3rd 1884*

4. Place of Birth, (Street and Number) *70 Preston St.*

5. Full Name of Mother, *Elizabeth Antunes*

6. Mother's Maiden Name, *Elizabeth Tullow*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Edward P. Antunes*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return. *D. Barton Penn*

Address, *365 W. Charles St.*

Remarks, *1st Child probably dead some hours before birth, dead when born 2nd left alive artificially*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

SECTION 7.—And so it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the fields which have occurred since the last preceding birth, and shall be filled up by the midwife or other person in attendance at the birth, and shall be forwarded to the Commissioner of Health, with the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person in attendance at the birth, the duty of the person reporting the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 1 1884

4. Place of Birth, (Street and Number) Baltimore City, 118 N. Peter

5. Full Name of Mother, Mary R. Francis

6. Mother's Maiden Name, Mary R. Francis

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, George P. Francis

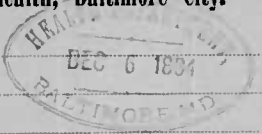
9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address, Andie Range

Remarks,



25812

[illegible]

& the

Girl

With the

3 December

11, Fehl Street

Martha Pate

Scornale Tig.

5 Loren

Germany

Stanislaw Gomulky

— — — — —

Germany

Marie Gühner

or other Person who
makes this Return

245 S. Wolfe Street.

STATIONERS.

Section 7.—And be it further enacted and ordained that every person practicing midwifery and tender of such birth under whose charge or superintendence a birth shall be received shall be bound to file a return of such birth with the Registrar of Vital Statistics, Baltimore City, and to file a copy of such return with the Registrar of Health, Baltimore City. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Registrar of Health, Baltimore City, on or before the first day of the month following the month in which the birth occurred. The Registrar of Health, Baltimore City, shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall heretofore fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th Child

1. Sex, (state whether male or female)

Bob

2. Race or Color, (if not of the white race)

White

3. Date of Birth

geboren den 3^{ten} Dezember

4. Place of Birth, (Street and Number)

N^o 158 S. Bond. Str

5. Full Name of Mother,

Sophi Gartner

6. Mother's Maiden Name,

Sophi Schmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Gartner

9. Father's Occupation,

Lagermacher

10. Father's Birthplace,

Deutschland

Name of Medical Attendant, or other Person who makes this Return.

Frederike Kaufmann

Address,

N^o 202 S. Dullers Str

Remarks,

Helene

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Negro

3. Date of Birth

Dec 3/84

4. Place of Birth (Street and Number)

46 Gravel Allen

5. Full Name of Mother

Louisa Squirrel

6. Mother's Maiden Name

" Carroll

7. Mother's Birthplace

Meigs Md

8. Full Name of Father

S. B. Squirrel

9. Father's Occupation

Waiter

10. Father's Birthplace

Meigs Md

Name of Medical Attendant, or other Person who makes this Return.

Thos. J. Ward M.D.

Address

127 St Paul St

Remarks



That any physician, accoucheur, minister, or other person in attendance upon a woman about to be delivered, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December the 3rd 1884

4. Place of Birth, (Street and Number)

No 5 80 Charford ct

5. Full Name of Mother.

Charriet C. Glaser

6. Mother's Maiden Name.

Charriet C. Wallis

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father.

Henry Glaser

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore city

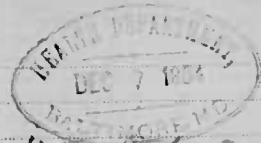
Name of Medical Attendant, or other Person who makes this Return

No 20 Jane D. Bagless

Address,

No 38 1/2 Charford ct

Remarks,



Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license, shall keep a true and correct register of each birth occurring in the City of Baltimore, and shall enter the same on a blank schedule to be furnished by the Board of Health, and shall enter the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its mother, the date and hour of its birth, the name and occupation of the practitioner, and the name of the person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-10-49

RETURN OF A BIRTH 75816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Mary Irene Fonty

DEC 5 1884
No. 2531 West St.

Eliza Fonty

Edwards

Labrador

America

J. Schwaner midwife
339 Hanover St.

Section 7.—And be it further enacted and ordained that every person who shall keep a true and correct registry of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, race or color, the date of birth, the date of the birth certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to the Commissioner of Health, or to the Registrar of Vital Statistics, the birth of such child, and to file a copy of the schedule so report on, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

75817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth *Dec. 4th 84*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Fannie Thomas*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Med.*

8. Full Name of Father, *_____*

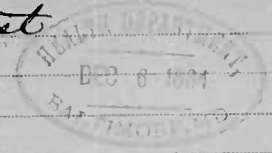
9. Father's Occupation, *_____*

10. Father's Birthplace, *_____*

Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann M.D.*

Address, *_____*

Remarks, *_____*



75818

— G. O. C.

Решае

02

Dec 14th 1854

105 So. Washington

Mary A Allen

Mr. Enclench

10 April 1901

Wm. L. Allen

to look
at

Rec'd Mr.

J. L. Winter
74 So. Broadway

or other Person who
makes this Return

J. H. B. Brainerd

JOHN P. FIRT & CO., CITY PAINTERS AND PLASTERERS.

of Baltimore, under whose charge or superintendence a birth shall occur, or who is present at the birth, shall be the compiler of the schedule. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall not forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, his sex, color, the full name and occupation of its parents, the day and month of its birth, the time of day, the name of the physician, or of a practitioner of midwifery, or of a nurse, or of a person who has attended the birth, and the name of the hospital, or of the place where the birth occurred, between the first and third day of each and every month, in the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has attended the birth, the compiler of the schedule shall then become the compiler of the schedule, and shall be responsible for the accuracy of the information furnished by him or her within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 12. 4. 84.

4. Place of Birth, (Street and Number) 237 Mulberry St.

5. Full Name of Mother, Minnie Ellsworth Craus,

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joshua J. Craus, Jr.,

9. Father's Occupation, Coach trimmer.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Pediatrics &

349 Lexington

75820

er 1st, 2d, 3d, &c.) 5

5-

• [Jahresrückblick 2017](#)

Dec 4th 1884

530 Saratoga Pl

Pres Atkinson

"Heathcote

Balt

Hiram Atkeson

Parula

Balth

Geo W. Kephth
Waverly, Penna

Wanda by C. ...

Wm. L. Brown

[illegible]

SECTION 11. Every person who is required to register a birth shall hereafter take place, shall keep a true and correct register of such birth under the name of the mother, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of the father, the date of birth, the date of registration, the date of the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and if such person or persons fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *February 4th 1891*

4. Place of Birth, (Street and Number) *No 178 Chappel St*

5. Full Name of Mother, *Anna Köhler*

6. Mother's Maiden Name, *Anna Schöffel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adolph Köhler*

9. Father's Occupation, *Handarbeiter*

10. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this Return. *Friederike Rasmann*

Address, *No 202 S. Duller Str*

Remarks, *Hebamme*

75822

has any physician, accountant, millwright, or other person in charge, who shall certify, under oath, to the registrar, that he has advised as the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- 34.

- Kenac*

- White

- Dec: 4th

- 25 Glenview Ave

1. *Heredia P. Bonilla*

- (Theresa) Kinn

- Phytolacca

- James Randall

11. 10. 1911

- Merchand
B. A.

Fullington
27 June 1871

John C. Smith

W. L. Bullard

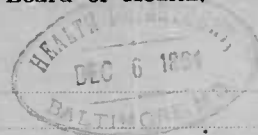
has any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75823

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 4th

4. Place of Birth, (Street and Number)

231 Franklin St.

5. Full Name of Mother,

Laura F. Schaefer

6. Mother's Maiden Name,

" " Andrews

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Chas. F. Schaefer

9. Father's Occupation,

Barber

10. Father's Birthplace,

Berlin, Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. C. Hark, M.D.

Address,

Con Townsend & Wolfe Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

DEC 25 5. 1881

4. Place of Birth, (Street and Number)

718 N. Broadway

5. Full Name of Mother,

Catherine Roediger

6. Mother's Maiden Name,

Probst Hesse Germany

7. Mother's Birthplace,

Hesse Roediger

8. Full Name of Father,

Taylor

9. Father's Occupation,

Hesse Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

A. Nelson M.D.

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of its birth, the name and occupation of the practitioner in the form of a certificate, the date and place of its first and third day of each and of its death, and the date and place of its burial, and shall report the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should to other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1 Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *The 5 of Dec 1884*
 4. Place of Birth, (Street and Number) *No 127 East Biddle St*
 5. Full Name of Mother, *Anna Mc Nally*
 6. Mother's Maiden Name, *Anna Nolan*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Joseph Mc Nally*
 9. Father's Occupation, *Iron Moulder*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Dr Mrs Ch. Lauer*
 Address, *No 173 Harford Ave*
 Remarks, *Baltimore Md*
1884

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall retain the same until the child has attained the age of one year, and shall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its date of birth, its race or color, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date of its death, if it should die within the year, and shall also enter on the said schedule the name of the physician, or of a midwife, or of a nurse, or of a person attending the birth of any child, and shall also enter on the said schedule the name of the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and to the effect hereinafter provided, and shall also enter on the said schedule the name of the mother, and any present or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)
1. Sex, (~~state whether~~ male ~~or~~ female)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, Dec 3rd 1884
4. Place of Birth, (Street and Number) 273 Lexington St.
5. Full Name of Mother, Addie C. Cunningham
6. Mother's Maiden Name, Addie C. Loos
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, William R. Cunningham
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore City, Md.
- Name of Medical Attendant, or other Person who makes this Return, Wm. R. Hagedorn
- Address, 273 Lexington St.
- Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if a boy shall have been conferred), the sex, color, the full name and occupation of the mother, the date and hour of birth, the name of the Physician or midwife, and the name of the person who attended the birth, and a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and if the child shall die, the person or persons so required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

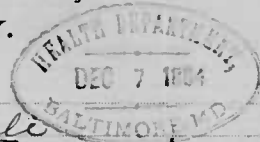
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28, November, 1884
4. Place of Birth, (Street and Number) 214. Peirce St
5. Full Name of Mother, Mary B. Cooney.
6. Mother's Maiden Name, Mary B. Bauer
7. Mother's Birthplace, Baltimore md.
8. Full Name of Father, Peter A. Cooney.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore md.
- Name of Medical Attendant, or other Person who makes this Return. Susan Shuster.
- Address, 2140 Poppleton St
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75829

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White American

3. Date of Birth

Nov 29th 1884

4. Place of Birth (Street and Number)

190 Mount St

5. Full Name of Mother

Belle Malvina Kirchner

6. Mother's Maiden Name

Forman

7. Mother's Birthplace

Tennessee

8. Full Name of Father

Harry A. Kirchner

9. Father's Occupation

Maker of Gasoline Gas Fixture

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

I. E. Lindsay M.D.

Address

23 Rea St

Remarks

Section 7.—And be it further enacted, and ordained, that every person, free or slave, who shall deliver a child, or who shall be present at the delivery of a child, shall be bound to report the birth of such child to the Commissioner of Health, within the period above required in this act, and every such person who shall fail to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 of November*

4. Place of Birth, (Street and Number) *393 Little Alice Street St.*

5. Full Name of Mother, *Caroline Barthke*

6. Mother's Maiden Name, *Meijer*

7. Mother's Birthplace, *Schlesha Westpreusen (Germ)*

8. Full Name of Father, *Leon Barthke*

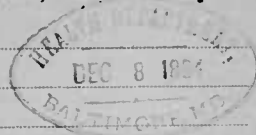
9. Father's Occupation, *Labeln Hemite*

10. Father's Birthplace, *Hemite Westpreusen*

Name of Medical Attendant, or other Person who makes this Return, *Mrs E. Behnken*

Address, *434 Lancaster St. (Canton)*

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75862

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd.*
1. Sex (state whether Male or Female) *Girl*
2. Race or Color (if not of the white race) *African*
3. Date of Birth *Nov. 16th 1884*
4. Place of Birth (Street and Number) *No 5 Jenkins's alley*
5. Full Name of Mother *Victoria M. Lee*
6. Mother's Maiden Name *Annunville*
7. Mother's Birthplace *St. Mary's Co Md.*
8. Full Name of Father *Fernand Lee*
9. Father's Occupation *Porter*
10. Father's Birthplace *St. Mary's Co Md.*
- Name of Medical Attendant, or other Person who makes this Return. *E. K. Mervick M.D.*
- Address *209 W. Middle St.*
- Remarks

74834

of Washington, either by the change of name, or by the change of sex, color, the full name and ascertainment of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the bearer thereof, to the nearest attorney-at-law, military or naval surgeon, or physician, and that the attorney-at-law, military or naval surgeon, or physician, in and through whom the said schedule is delivered, shall take the same to the nearest person he may know to be in attendance upon the mother, immediately thereafter, if a child of the parent or parents of such child is to resort to birth to the Board of Health. In the manner, and in the time and place so directed, the said schedule shall be presented to the Board of Health, and the person or persons who shall present it shall thereupon fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each person, to be recoverable as other fines and penalties are recoverable.

9th

Leanne

HEALTH DEPARTMENT
DEC 8 1984

100-28 Dec 1894

Chapel, St. Jean against

Sarkis Lane, N.Y.

Sarah Jane Phillips

Baltimore

Charles W. Phillips

Campana

Benjamin

Mrs Julia Green

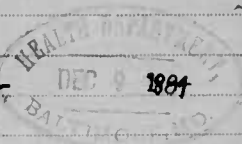
466 North gay St Bal

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore, and whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, who shall keep a true and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, who shall file the same with the Registrar of Vital Statistics. The birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and shall be subject to the fine of ten dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male Charles Poek Wade
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 22nd 1884
4. Place of Birth, (Street and Number) 43 Hopkins av
5. Full Name of Mother, Mrs. Chas Wade
6. Mother's Maiden Name, Miss Alcock
7. Mother's Birthplace, Ind
8. Full Name of Father, Chas Wade
9. Father's Occupation, Driver
10. Father's Birthplace, Ind
- Name of Medical Attendant, or other Person who makes this Return, A F Hill MD
- Address, 211 E 2d St & Schroeder St
- Remarks,



of Baltimore, under whose sanction or superintendence a birth shall occur, the said father, shall, within a reasonable time, and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Comptroller of Health. This schedule shall contain a list of the facts which have occurred under his or her care, and shall be filled out by the father, or by the mother, or by the physician, or by the midwife, or by the nurse, or by any other person who shall have been conferred, in the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the register, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the father, mother, or any other person is in at failure upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalty, provided in and by the laws of this State, and the said father, mother, or any other person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 17th 1884

4. Place of Birth, (Street and Number)

6 Balton Street

5. Full Name of Mother,

Mary Ann Norton

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore m.d.

8. Full Name of Father,

Benjamin Emory

9. Father's Occupation,

10. Father's Birthplace,

Eastern Shore m.d.

Name of Medical Attendant, or other Person who makes this Return

Hester Bolance

Address,

38 Government Street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

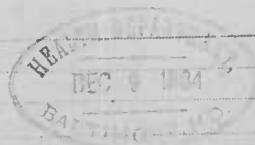
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *Dec. 2nd 1874*
4. Place of Birth (Street and Number) *21 Bradford st.*
5. Full Name of Mother *Mary E. Leibert*
6. Mother's Maiden Name *Edlin*
7. Mother's Birthplace *York Pa.*
8. Full Name of Father *Am. S. Leibert*
9. Father's Occupation *Baker*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



J. B. Bridgman, D.
51 La Broadway

Section 7.—And be it further enacted, and be it so ordained, that every person who, under a false charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics, Baltimore City, and shall file the same with the Registrar of Vital Statistics, Baltimore City, before the expiration of the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City, or should no other person be available, to the Office of the Registrar of Vital Statistics, Baltimore City, in the manner and within the period aforesaid, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Boys

2. Race or Color, (if not of the white race)

White

3. Date of Birth

geboren 6^{ten} Dezember

4. Place of Birth, (Street and Number)

N^o 16 Märtyr Str (Meyer)

5. Full Name of Mother,

Carlein Neiper

6. Mother's Maiden Name,

Carlein Dolegigky

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Frederich Neiper

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address, N^o 202 S. Daller Str

Remarks,

Hebammen

Section 7.—And if it further appears that the person who has charge of such birth shall keep a true and correct register of such birth, and shall enter the same on a blank schedule provided for that purpose by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name of the child, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this return, the date and place of birth, and the date and place of death, and the date and place of burial, and the date and place of the birth of any child born to the mother, immediately thereafter, it shall become the duty of the person or persons or such other person or persons who shall hereafter fail to comply with the provisions of this section, to be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Bob.

2. Race or Color, (if not of the white race)

White

3. Date of Birth

gehoren den 6^{ten} December

4. Place of Birth, (Street and Number)

N^o 46. Cernal Str.

5. Full Name of Mother,

Louise Hilsmann

6. Mother's Maiden Name,

Louise Klinte

7. Mother's Birthplace,

Germania

8. Full Name of Father,

William Hilsmann

9. Father's Occupation,

Handwerker

10. Father's Birthplace,

Germania

Name of Medical Attendant,

or other Person who makes this Return.

Friederike Kaufmann

Address,

N^o 202 S. Dallas Str.

Remarks,

Hebammen

That any physician, accoucheur, midwife, or other person in charge, who shall attend assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *W.*

3. Date of Birth *Dec. 1st 1884*

4. Place of Birth (Street and Number) *91 So. Caroline St.*

5. Full Name of Mother *Mary M. Painter*

6. Mother's Maiden Name *Maxson*

7. Mother's Birthplace *Brooklyn*

8. Full Name of Father *Edw. Painter*

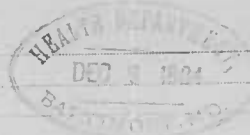
9. Father's Occupation *Baker*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



J. B. Bickton M.D.
41 So. Broadway

Returning - Any person who is charged with the care and attendance of a child, or who is present at the birth of a child, and who is not a physician or midwife, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be forth with as the same are made, and shall be filed in the office of the Commissioner of Health. The said schedule shall be delivered, duly signed by the parent or person in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth, the parent or person in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

75845
Dec 8th 1884.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec. 7th 1884.*

4. Place of Birth, (Street and Number) *127 Bank St.*

5. Full Name of Mother, *Katie Bachmann.*

6. Mother's Maiden Name, *Katie Schaab*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Marcus Bachmann.*

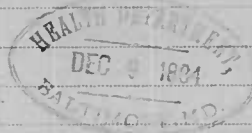
9. Father's Occupation, *Minister.*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary Amend*

Address, *N. 137 S. Wolfe St.*

Remarks, *M*



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75846

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Bright Mallet

3. Date of Birth,

Nov 7th 1889

4. Place of Birth, (Street and Number)

N 63 Arch St

5. Full Name of Mother.

Harriett Shearwood

6. Mother's Maiden Name,

Harriett Thomas

7. Mother's Birthplace,

Eastern shore Md

8. Full Name of Father,

Henry Shearwood

9. Father's Occupation,

Labour

10. Father's Birthplace,

Eastern shore Md

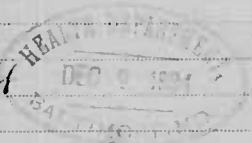
Name of Medical Attendant, or other Person who makes this Return

Harriett Hammond

Address,

N 65 Arch St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Dec 7

4. Place of Birth, (Street and Number)

102 Richmond St

5. Full Name of Mother,

Kate McGuckin

6. Mother's Maiden Name,

Gibney

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Thomas McGuckin

9. Father's Occupation,

10. Father's Birthplace,

Balt

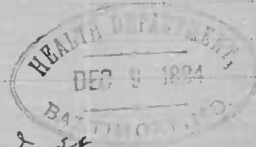
Name of Medical Attendant, or other Person who
make this Return

Dr. H. S. ...

Address,

201 W. Biddle St

Remarks,

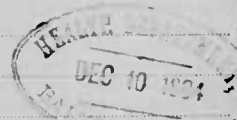


exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of the hospital, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the name of the mother, and the date of birth, and the sex, and the race or color, and the place of birth, and the date of the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fall in compliance with the provision of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 1st 1884.*
4. Place of Birth, (Street and Number) *219. Lookie Street Locust Point Baltimore*
5. Full Name of Mother, *Wanti Handers*
6. Mother's Maiden Name, *Wanti Heckers*
7. Mother's Birthplace, *Woodbury Baltimore County*
8. Full Name of Father, *Levis Handers*
9. Father's Occupation, *Stevender*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return *Lizzie Schaffler*
- Address *Locust Point Fort and Emerald St. Baltimore Md.*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Brown Skin*

3. Date of Birth, *Fifth of December 1884*

4. Place of Birth, (Street and Number) *214 Chestnut st.*

5. Full Name of Mother, *Sarah Wittington*

6. Mother's Maiden Name, *Sarah Dean*

7. Mother's Birthplace, *Lalbert County*

8. Full Name of Father, *James Wittington*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Somerset County*

Name of Medical Attendant, or other Person who makes this Return *Lidia Somerville*

Address, *Winton Ave*

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the "Commissary of Health." This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by the person in charge of the birth, and shall be returned to the "Commissary of Health" within the period herein required, except in the case of the birth of illegitimate children, and in such cases the person in charge of the birth shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *September 8, 1887*

4. Place of Birth, (Street and Number) *No 28 Pine St*

5. Full Name of Mother, *Winifreda Shoop*

6. Mother's Maiden Name, *Winifreda Colman*

7. Mother's Birthplace, *Wintchester*

8. Full Name of Father, *James A. Hooper*

9. Father's Occupation, *Cyber-shoemaker*

10. Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return *Chas. Collier Mann*

Address, *258 N. Babcock St*

Remarks, *Manc*

and shall enter the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 5th 1904*

4. Place of Birth, (Street and Number) *No. 112 Eastern Ave.*

5. Full Name of Mother, *Barbara Bauer*

6. Mother's Maiden Name, *Kramer*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *John Bauer*

9. Father's Occupation, *Lab.*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return. *William Simon*

Address, *207 N. Gough St.*

Remarks,

758513

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the laws of this State, shall be required to keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as this same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the attending physician, midwife, or other person, in the form of a certificate, to be signed by the practitioner in the form of a certificate, and the same shall be filed in the office of the Commissioner of Health, in the City of Baltimore, at the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 6, 1884

4. Place of Birth, (Street and Number)

45 Chestnut St

5. Full Name of Mother,

Margaret Thomsen

6. Mother's Maiden Name,

Margaret Phillips

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Linn Thomsen

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Easton Shore - Easton

Name of Medical Attendant, or other Person who makes this Return,

Geo. A. Fleming M.D.

Address,

Franklin & Greene Sts.

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance at the birth, the said schedule shall be filled out by the nearest neighbor, or by the nearest relative of the mother, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec. 6, 87*

4. Place of Birth, (Street and Number) *19 Wilhelm St.*

5. Full Name of Mother, *Mary E. Larson*

6. Mother's Maiden Name, *Poble*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Jno. W. Larson*

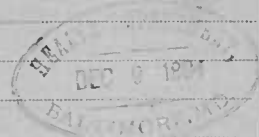
9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return, *L. R. Wilson*

Address, *837 W. Pratt St.*

Remarks,



SECTION 7.—And he it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and of the names of the persons who shall be present at the same, and shall file the same with the Registrar of Births, as hereinafter provided, and shall be liable to the same penalties as are provided for the Registrar of Births. And he it further enacted and ordained that every person practising midwifery in the City of Baltimore shall be liable to the same penalties as are provided for the Registrar of Births. And he it further enacted and ordained that every person practising midwifery in the City of Baltimore shall be liable to the same penalties as are provided for the Registrar of Births.

RETURN OF A BIRTH

75856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *—*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 16, 1894*

4. Place of Birth, (Street and Number) *S. Eden St. No. 154*

5. Full Name of Mother, *Susanna Dolney*

6. Mother's Maiden Name, *Susanna Barina*

7. Mother's Birthplace, *Almore County, N. Y., Brit. Europe*

8. Full Name of Father, *Patrick Dolney*

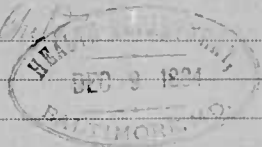
9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Fibery County, N. Y., Brit. Europe*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *15 Dallas St. No. 26*

Remarks, *—*



Section 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall file the same with the Registrar of Vital Statistics, at the City Hall, in the City of Baltimore, at the time of the birth, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any such child have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the City Hall, in the City of Baltimore, at the time of the birth, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered so other laws and ordinances are hereinafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 6, 1894*

4. Place of Birth, (Street and Number) *4th Chapin St. N. E. L. A.*

5. Full Name of Mother, *Louise B. Heller*

6. Mother's Maiden Name, *Lina B. Pöschgesang*

7. Mother's Birthplace, *Berlin, Gr. L. Meimar, Germany*

8. Full Name of Father, *Julius Heller*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Salz. H. Bayern, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *1st De la Salle St. N. E. L. A.*

Remarks,

Section 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the parent or person having charge of the child, shall be bound to appear before the Commissioner of Health, or person who shall hereafter call to comply with the provisions of this section, and within the period therein specified, to file with him or her a true and correct copy of the said schedule, and pay to such person for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 2, 1884*

4. Place of Birth, (Street and Number) *No. 819 N. 13th St.*

5. Full Name of Mother, *Christine Weidner*

6. Mother's Maiden Name, *Christine Gross*

7. Mother's Birthplace, *Strasburg, Germania, Prussia*

8. Full Name of Father, *Liebnan Weidner*

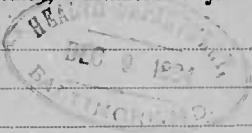
9. Father's Occupation, *Bookbinder*

10. Father's Birthplace, *Kreuznach, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Kuller*

Address, *No. Dallas St. 1st 26*

Remarks,



1884

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75859

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th DEC 9 1884

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth December 8th 1884

4. Place of Birth (Street and Number) No 111 E. Pratt.

5. Full Name of Mother Laura L Davis.

6. Mother's Maiden Name " " Utermohle.

7. Mother's Birthplace Baltimore.

8. Full Name of Father David O Davis.

9. Father's Occupation Druggist.

10. Father's Birthplace Wales G. B.

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address 121 E Balto. St -

Remarks

74860

sections 6.—And to B. further enacted and ordained: That every person residing annually in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall report the same to the Registrar of Health, on or before the first day of the month following the month in which such birth shall have taken place. And the Registrar of Health, on receiving such report, shall enter on a list of the births which shall have taken place during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if a boy) and the name of the mother, the day and hour of the birth, the name and occupation of the attending nurse, the law and the name of the physician, and the name of the midwife, and the name of the person to whom the child was committed, between the first and third day of each and every month, to the Board of Health. In case the birth of a child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the Registrar of Health shall set forth, in addition to the foregoing, the name of the person attending the mother and parousia of each child to report the birth to the Board of Health, in the manner, and within the period here provided, except in the cases of the birth and death of the child, and in such cases a fine of ten dollars for each month, to be recovered as other fines and penalties are recoverable.

6

Female

11

November 6/94

114 Biddle St

Bertha E. Walters

Brener

Palem

David Walters

Schoemaker

Polen

Mrs. Louise Knapp

61 Penna (live)

75861

[illegible]

6

Male

7.

November 9th 1844

530 Sultan (pr)

Sennie Ford

George

Baltimore

Stephen Ford

Clerk 3

Baltimore

Mrs. Louise Kraft

61. Penna Ave.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same in a book to be provided for that purpose, and shall also enter the name of the mother, the sex, color, the full name and occupation of the parents, the date and place of birth, and the time and day of each and every month, to the birth of the child. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of such person to report the same to the Registrar of Births, and to file a true and correct copy of the same in the book provided for that purpose, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4862
4
Female
November 11th 1884
143 East Lombard St.
Charlie Freemann
Wife
Baltimore
Eduard Freemann
Laborer
Baltimore
Mrs. Louise Kraft.
61 Penna Ave.

72863

[illegible]

State

State

11

November 12/54

32 Union St.

Chamie Claus.

Mayer,

Germany

Charles Blau

Schoenmaker

Germany

Mr. Louise Kraft

his Return 6/ Penna Ave

6/ Penna Ave

[illegible]

75565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

4-15-50
Fennale

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

November 23/54

4. *Place of Birth, (Street and Number)*

22 Wall Street

5. *Full Name of Mother,*

Slaggy Scholtzki
Hewner

6. *Mother's Maiden Name.*

Hehner

7. *Mother's Birthplace.*

Herrmann

8. *Full Name of Father,*

Andreas Schallert, Priester

9. *Father's Occupation,*

Sabones

10. *Father's Birthplace,*

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louis Kraft
10 Broadway

Address,

61 Penna Ave

Remarks,

75866

24

126-

Feng

White

Dec 1961

391 - Franklin St -

Eng. Fr. A. Boudensick

Ellen J. Lamb

Maryland

Mr A Bodensick

E. l. missouri

Pitt

44 Hill 2nd

23 Ed. Aug.

442

John Murphy & Co., City Engineers and Stationers.

75868

[illegible]

25.

Female.

White

December 2^d 1884.

311 W Biddle St.

Margaret Jane Randa.

Margaret Q. Conners.

Baltimore City.

Louis Rand.

Hood-Carver.

Pennay loan

John Pennington M.D.,
1311 Kearney St.

134. St. Louis, Mo.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75869

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 3rd 1884

4. Place of Birth, (Street and Number)

319 Hamburg St

5. Full Name of Mother

Veronica E. M. Cortes

6. Mother's Maiden Name

Fate

7. Mother's Birthplace

Balto. city

8. Full Name of Father

Benj. Cortes

9. Father's Occupation

Plumber

10. Father's Birthplace

Phila Pa

Name of Medical Attendant, or other Person who makes this Return.

R. B. Lee

Address

Haven St

Remarks

RETURN OF A BIRTH 75870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth
Male
White

DEC 11 1894

December 11/84

No. 95 Albemarle St.

Bridget Green

Bridget Hemmings

Ireland

Thomas J. Green

Policeman

Baltimore, Md.

Mrs. Eliza Hemmings

No. 95 Albemarle St.

(Letter)

P

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, who shall cause the same to be entered in a book to be kept for that purpose, and shall also cause to be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, who shall cause the same to be entered in a book to be kept for that purpose. In case the birth of any child shall occur within the month or months of pregnancy, or within the month or months of midwifery, the practitioner or midwife shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, so report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *8th*

4. Place of Birth, (Street and Number) *101 Diamond St*

5. Full Name of Mother, *Annie Schraeth*

6. Mother's Maiden Name, *Annie Baas*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Isaac Schraeth*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

75872

[illegible]

1st,
Female
White

White

November 6th 1884

A. localis St-

Buckmiller

Revised

17. 11. 1

B. kneri

[illegible]

holografen!

Balm Oct 1891

at Kensington Palace

34 St. Carrollite ad.

75873

6th

Y
Females

White

Dec. 6th - 1884

74 Lee St

Willie V. DeGrange

Williams

Vce

Dear W. F. De Graaf

B. & C, Bag Master

Ma &

RC L 2.2

Harwin St

1. *What is the main purpose of the study?*



John Murphy & Co., City Printers and Stationers.

75874

[illegible]

✓ 25

Male.

White

Dec 7th 1884

84 Schroeder et.

Sophie H. C. Melker.

Sophie W. Roth

Balt City

Lhas M Balkner

Shoe-cutter.

Balto City

John Pennington M.D.
124. Hornum St.

134 Carrollton Rd.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

SECTION 6. - And be it further enacted and declared: That every person practicing midwifery in this City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by his or her corporation of Health. This schedule shall contain a space for the name of the mother, the name of the child, the date of birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or certificate, between the first and third day of January following the birth, to the Registrar of Health. In case the duty of the parent or parents of such child to report its birth to the Registrar of Health, shall be neglected, or if any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so in attendance upon the mother, to report its birth to the Registrar of Health, and within the period above required, to deliver the same to the Registrar of Health. And if any person shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Joseph S. Nagge*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

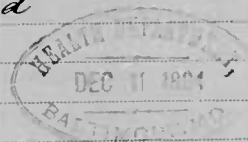
M. white
Dec 9, 1884
126 W. Belington Ave.
Sarah A. Nagge,
Allen,
Balto. City,
Jos. B. Nagge,
Shumber,
Balto. City,
J. S. Gole M.D.
217 Luwate St.

Section 7.—And be it further enacted, and ordained that every person practicing midwifery in the City of Baltimore under a license or certificate, and all his or her assistants, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any such have been born), the date of birth, the sex, the race or color, the name of the person to whom the child was born, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the practitioner of midwifery, or should no other person be in attendance upon the mother, to sign the schedule, and to deliver the same to the Commissioner of Health, in the form of a birth certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or should no other person be in attendance upon the mother, to report the birth of such child to the Commissioner of Health, and to deliver to him a true and correct register of such birth, and to sign the same, and to deliver the same to the Commissioner of Health, in the form of a birth certificate, between the first and third day of each and every month to the office of the Commissioner of Health. And any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth 9th December
 4. Place of Birth, (Street and Number) 130 Pearl St Balto Md
 5. Full Name of Mother, Adelaide Louis
 6. Mother's Maiden Name, Adelaide Bucknell
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry D Louis
 9. Father's Occupation, Boat Manufacturer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Mrs Mannel
 Address, Saratoga St
 Remarks, good



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75877

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 10th 1884.

4. Place of Birth, (Street and Number)

60 Richmond St.

5. Full Name of Mother,

Mary Lizzie Pynes

6. Mother's Maiden Name,

Mary Lizzie Butler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nathaniel Pynes

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Virginia.

Name of Medical Attendant, or other Person who make this Return

Robt T. Wilson. M.D.

Address.

146 + 152 Park Ave.

Remarks.

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under those charges or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall transmit the same to the Commissioner of Health, who shall cause the same to be entered in a book to be kept in the office of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction, and shall be numbered in the following manner: In sex, color, the full name and occupation of the parents, the date and place of birth, and the day of each and every month in which the child shall be delivered, duly signed by the practitioner in the town of a birth of any child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁸⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Dec 4th 11

4. Place of Birth, (Street and Number)

701 Bond St

5. Full Name of Mother,

Emma Adolf

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Adolf

9. Father's Occupation,

Butter

10. Father's Birthplace,

Baltimore

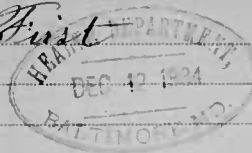
Name of Medical Attendant, or other Person who makes this Return.

Mr Goetzke

Address,

55 Bond St

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75-880

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

December 4th 1884

227 S. Broadway

Barbara Wittgrofe

Barbara Koch

Baltimore City, Md.

George W. Wittgrofe

Tailor

Baltimore City, Md.

Nicholas L. Sashill

207 S. Broadway

I and ordained that every person practicing midwifery in the City of Baltimore shall hereafter take place, shall keep a true and correct register of such birth and deaths as shall be committed to his or her care during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its mother, and the date of its birth, and shall deliver the same to the Office of the Commissioner of Health. In case the attendance of a physician or practitioner of midwifery, or should no other person be present, immediately thereafter it shall become the duty of the person or parents of such child, to sign the same, in the manner and within the period above required, and any such person who shall violate the provisions of this section, shall be subjected to the fine of ten (10) dollars and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *Ch. French & German*

3. Date of Birth, December 3 1884

4. Place of Birth, (Street and Number) 570 N. E. 1st St. St.

5. Full Name of Mother, Mary . Bridgett . Love

6. Mother's Maiden Name, *Mrs. Mary L. Smith - Hiram*

7. Mother's Birthplace, *Leeds, Salvoey*

Full Name of Author 779. 76

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

75881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Chinese

3. Date of Birth, December 2 1881

4. *Place of Birth, (Street and Number)* ----- 310

5. Full Name of Mother, Mary Bond

6. Mother's Maiden Name, McGarry Brick

7. Mother's Birthplace, County State

8. Full Name of Father, John D. Doe

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. J. ...

Address, 21 Ave

Remarks,

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under a charter or license issued by the Board of Health, shall, before the birth of each child, cause to be signed by the attending physician, a certificate of the health of the mother, and shall enter the same in a book to be kept for that purpose, and shall enter the name of the father of the child of the birth which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child (if any child have been conceived), its sex, color, the full name and occupation of its mother, and the date of its birth, and the date of its delivery, and shall deliver to the Commissioner of Health, in the form of a certificate between the first and third day of each month, a copy of the certificate, and shall also, on the day of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should to other persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person who shall fail to comply with the provisions of this section, shall be subject to a fine of not less than ten dollars, nor more than twenty dollars, and to imprisonment for not less than ten days, nor more than thirty days, at the discretion of the Court of Sessions, in each of which cases the costs shall be recovered against the offender.

Section 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) and have been conceived, the date of birth, the full name and occupation of the mother, the name of the father, the name of the midwife, the name of the physician, the name of the hospital, the name of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a fully sworn or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report this to the Commissioner of Health, and to file the same with the register of births, and to pay a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth *December the 6th*
4. Place of Birth, (Street and Number) *Baltimore Barracks St. No. 13*
5. Full Name of Mother, *Catharine Buhl*
6. Mother's Maiden Name, *Kuhl*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Edward Buhl*
9. Father's Occupation, *labour*
10. Father's Birthplace, *Holland Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Kuthorn*
- Address, *William St. No. 294*
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under any name or title shall be and he is hereby required to file with the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child (if any) shall have been born, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so practicing midwifery to report the birth to the Commissioner of Health, in the form of a Return, and any such person for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth *December 22nd 1893*

4. Place of Birth, (Street and Number) *Baltimore East St. No. 104*

5. Full Name of Mother, *Barth Brophy*

6. Mother's Maiden Name, *King*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Brophy*

9. Father's Occupation, *labour*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Halloran*

Address, *William St. No. 244*

Remarks,

Section 7.—And be it further enacted and ordained, under whose charge or Superintendence a birth shall hereafter be made, and shall enter the same on a blank schedule to be furnished him of the birth which have occurred under his or her care, and shall ascertain the full name of each child (if any shall have been born), the date and place of birth, and the said schedule shall be retained between the first and third day of each and every month, and if any child shall occur without the attendance of a physician, or persons who shall hereafter fall to comply with the provisions of this act, he or she shall be liable to the penalty provided for each offence to be recovered as above does and forfeitures.

6. Mother's Maiden Name,.....

Kenny

7. Mother's Birthplace,.....

Ireland

8. Full Name of Father,.....

James J. Kenny

9. Father's Occupation,.....

Labourer

10. Father's Birthplace,.....

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Heather

Address,.....

William St. St. 2nd

Remarks,.....

of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner is a physician, he or she shall also deliver a copy of the said certificate to the Board of Health. Should a practitioner fail to comply with the provisions of this act, he or she shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 6/94*

4. Place of Birth, (Street and Number) *270 William St.*

5. Full Name of Mother, *Leizze*

6. Mother's Maiden Name, *Stimmer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Neuffer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *John Smith M.D.*

Address, *281 S. Charles St.*

Remarks, *1st full term*

SECTION 6.—And in further enactment and reinforcement that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter be produced, shall be bound to register of such birth, and shall enter the same in a blank schedule to be furnished by the Commission-
 er of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by him or her, and shall be filed in the office of the Registrar of Vital Statistics, in the form of a certificate, bearing first and third day of each and every month, to the Board of Health. In case the certificate be not filed in first and third day of each and every month, a penalty of five dollars shall be assessed against the person who failed to file the same, and the same shall be recoverable. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period that is required, except in the cases of the births and deaths of illegitimate children, will be neglected, a penalty of five dollars shall be assessed against the parent or parents of such child, and the same shall be recoverable. In case of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

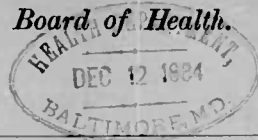
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 12 1884
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 7 1884
4. Place of Birth, (Street and Number) No 3 Scherzer Court
5. Full Name of Mother, _____
6. Mother's Maiden Name, Charlotte Brown
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return Garcinia Hospital
- Address, 131 N. Register St
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75886

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White, mixed.
3. Date of Birth Decem. 7/84
4. Place of Birth, (Street and Number) 635 Light St.
5. Full Name of Mother Susannah Long.
6. Mother's Maiden Name Coker.
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Charles Long.
9. Father's Occupation Laborer, mar.
10. Father's Birthplace New-Jersey.
- Name of Medical Attendant, or other Person who makes this Return. James J. Jones.
- Address 634 Light St.
- Remarks _____

Section 7.—And, be it further enacted and ordained, the every person procuring midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and complete description of the child, which were received into the care during the month, and shall set forth as far as the same can be ascertained, the name and place of birth, and the date of birth, and shall be delivered, after the presentation in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or any persons who shall hereafter all come in contact with the provisions of this section, shall be subjected to the fine of ten (10) dollars, or such other officers to be recovered as other fines and forfeitures are recoverable.

75887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

First

Female

W

Dec 8^u

33 Essex St

Susan Kahan

Hotel

Balt =

Edward Kahn.

Laborer

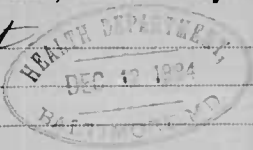
Baltimore

or other Person who
makes this Return.

Mrs Goetzke

55 E. Bond St

—



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75888

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White race.

3. Date of Birth Decemr 1894.

4. Place of Birth, (Street and Number) 633. Light St.

5. Full Name of Mother Bridget. Bolger.

6. Mother's Maiden Name Fleming.

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Thomas. Bolger.

9. Father's Occupation Labourer.

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Amie. Green.

Address 634 Light St.

Remarks _____

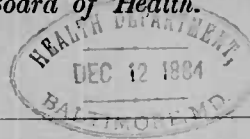
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth Decem. 7/84

4. Place of Birth, (Street and Number) 678 Light St

5. Full Name of Mother Maggie Reid

6. Mother's Maiden Name Grading

7. Mother's Birthplace Balte. Md.

8. Full Name of Father George Reid

9. Father's Occupation Brickmaker

10. Father's Birthplace Balte. Md.

Name of Medical Attendant, or other Person who makes this Return. Amos Evans

Address 634 Light St.

Remarks

Section 7—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore and in the County of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of such births and shall under the seal of his office, keep a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, date of birth, the name of the mother, the name of the father, the date and place of birth, and the name of the physician or midwife attending the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and on such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in either fine and forfeiture are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 10, 1884

4. Place of Birth, (Street and Number) 20 York St.

5. Full Name of Mother, Haggie Paine

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Widell Paine

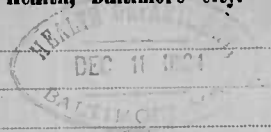
9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mr. Stearns

Address, 220 Montross St.

Remarks,



Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under Section 6, shall be required to file with the Registrar of Vital Statistics, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), the sex, color, the full name and occupation of the person attending the birth, the date of birth, the name of the physician or practitioner of midwifery, or shall no other person certify as between the first and third day of each and every month in the Office of the Registrar of Vital Statistics, in the form of a birth certificate, and shall be required to report the birth of each child to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ALBERT R. HALL

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



U. Smith M.D.
14 S. y. Exch. 9-

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11-88

4. Place of Birth, (Street and Number)

121 Hanover St

5. Full Name of Mother,

Mrs Alice Dewarp

6. Mother's Maiden Name,

Alice Collet

7. Mother's Birthplace,

France

8. Full Name of Father,

Gustave Dewarp

9. Father's Occupation,

Glass Worker

10. Father's Birthplace,

Belgium

Name of Medical Attendant, or other Person who makes this Return

A. G. Parker M.D.

Address,

294 Light St

Remarks, *Forceps, presentation, impaction, umbilical hernia, instrumental delivery.*

Long forceps, extraction of placenta.

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under license or certificate shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her certificate during the year, and shall be filled out by the practitioner, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the first day of each and every month to the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a midwife, or in case the birth of any child shall occur within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Dec 1st 1884*
4. Place of Birth, (Street and Number) *600 Boston and Chester st*
5. Full Name of Mother, *Annie Reckle*
6. Mother's Maiden Name, *Legdecker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Reckle*
9. Father's Occupation, *Druggist Store*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks,



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a book in which he shall enter a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its father, the name of the mother, the date of birth, the day of the month, and the year, and shall also certify to the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and the midwife or practitioner of midwifery, and any such person who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec 3rd 1884*

4. Place of Birth, (Street and Number) *409 C. Burk st*

5. Full Name of Mother, *Annie Freund*

6. Mother's Maiden Name, *Boch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Freund*

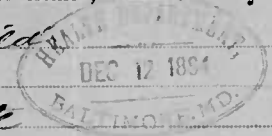
9. Father's Occupation, *Labore*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Miss Wiley*

Address, *No 12 Patterson Park av*

Remarks,



75896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th Decr. 1854

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 1st Dec. 1884

4. Place of Birth, (Street and Number) Baltimore Eastern Ave. 222

5. Full Name of Mother, .. Mary Hopkins

6. Mother's Maiden Name, Mary Orst

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Hopkins

9. Father's Occupation, *Engineer*

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return. *Chas. Wilson*

Address, *Chas. J. Patterson Park, Mo.*

Remarks,

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

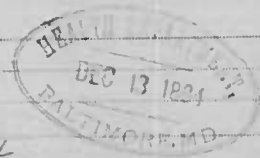
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75897

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *4th of December 1884*
4. Place of Birth (Street and Number) *46 Walker St.*
5. Full Name of Mother *Josephene Emory*
6. Mother's Maiden Name *Josephene Simmons*
7. Mother's Birthplace *Prattsville N. Carolina*
8. Full Name of Father *Howard Emory*
9. Father's Occupation *Moulder*
10. Father's Birthplace *Centerville Deesen Anne County*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Riley*
- Address
- Remarks



SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and complete list of the births, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the names and addresses of the parents, the name and occupation of the midwife, and the date and place of birth, and the name and address of the person or persons to whom the child was delivered. The said schedule shall be delivered daily, signed by the midwife, to the Commissioner of Health, on or before the first day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, in case of death, to cause the same to be buried, and in case of recovery, to cause the same to be registered in the Office of the Commissioner of Health, and to be subject to the same provisions of this section. And be it further enacted and ordained, that any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each such offence to be recovered as other fines are recoverable.

75898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state wheinner 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

Mr. 46-1884

7 Jackson Rd

George Spring

Mann

Baltimore

Henry Irving

Deputy Sheriff

Baltimore

Edward P. M. H. ena

54 Asymptote Ph

John Murphy & Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth in the form of a schedule, to be provided by the City of Baltimore, and shall file the same with the Registrar of Vital Statistics, and shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Registrar of Vital Statistics in the form of a birth certificate, and the Registrar of Vital Statistics shall be authorized to require the attendance of a physician or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

75899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 5 1884

4. Place of Birth, (Street and Number) 209 Wolfe St

5. Full Name of Mother, E. M. Berg

6. Mother's Maiden Name, E. M. West

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Berg

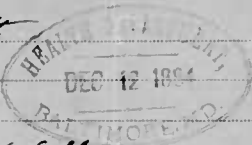
9. Father's Occupation, Bridge Tender

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, No 12 Patterson Park av

Remarks,



SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file with the Registrar of Births, a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be filled up and returned to the Registrar of Births, on or before the first day of January next ensuing. The said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, and in case the practitioner shall have been deceased, or shall have removed from the City, the said certificate shall be delivered to the Board of Health, in the form of a certificate, by the person who shall have been designated by the Board of Health, in the manner, and at the time, and place, which shall be determined by the Board of Health. The said certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 16th Dec. 1884

4. Place of Birth, (Street and Number) 114 Guilford St. City

5. Full Name of Mother, Jan. Jones

6. Mother's Maiden Name, Jan. Jones

7. Mother's Birthplace, North Street East etc

8. Full Name of Father, James Jones

9. Father's Occupation, laborer

10. Father's Birthplace, Virginia etc

Name of Medical Attendant, or other Person who makes this Return Dr. James Wilson

Address, 154 N. E. St.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth, and shall enter the same on a blank schedule to be furnished by the Commission on the part of the City of Baltimore, and shall set forth, as far as he or she can be ascertained, the full name of each child at the time of its birth, its sex, color, the full name and occupation of its parents, the day and hour of its birth, and the place where it was born, and shall also enter the name of the physician, or of any other person who shall be called upon to attend the mother, immediately thereafter, it shall then become the duty of the person so called upon to report its birth, the place of birth, in the manner, and within the time, and under the penalty herein provided, to the Registrar of Vital Statistics, and to any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *January 6, 1884*

4. Place of Birth, (Street and Number) *St. 65 Walker St. Balto. Md.*

5. Full Name of Mother, *Carrie Garrett*

6. Mother's Maiden Name, *Pierce*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *William Farwood*

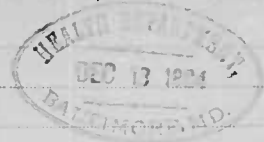
9. Father's Occupation, *Broommaker*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Caroline Miller*

Address, *175 Walker St. Balto. Md.*

Remarks, _____



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

71903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 7th 1884

4. Place of Birth, (Street and Number) Cor. Warner & Conway Sts

5. Full Name of Mother, Emma Heronemus

6. Mother's Maiden Name, Warner

7. Mother's Birthplace, Balto.

8. Full Name of Father, S. B. Heronemus

9. Father's Occupation, Printer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, Dr. W. Lombard

Address, 1701 P. Church St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

75904

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 8th 1884

4. Place of Birth, (Street and Number) No. 576 Light st.

5. Full Name of Mother, Anna Schem

6. Mother's Maiden Name, Anna Brasko

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schem

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st.

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 75908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 10th 1884

4. Place of Birth, (Street and Number)

No 202 Charles Street

5. Full Name of Mother,

Eleanor Lemon

6. Mother's Maiden Name,

Eleanor Deming

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William T. Lemon

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary E. Anderson

Address,

No 10 Abys Street

Remarks,



SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Commissioner of Health, with a list of the births which shall be recorded by him, and shall be liable to be fined during the month, and shall not forth, as far as the same can be ascertained, the full name of each child, its sex, color, its full name and occupation of its parents, the day and month of its birth, the name of the physician, or of a practitioner of midwifery, or of a midwife, who attended the birth, the name of the mother, immediately thereafter, it shall be liable to be fined, if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male ~~or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

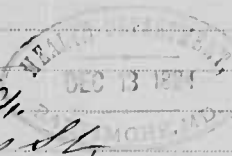
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Dec 11/81.
170. Hollins St.
Julia A. A. Young
Julia A. A. Walsh
Baltimore City, Md.
James L. Young
Miller
Baltimore City, Md.
John L. R. Young, M.D.
249. Lexington St.

75912

DEC 13 1931
BALTIMORE, MD.

Female

Female

05-1061

Rev. 18th / 1884

18 Yellow C.

Mary A. Thayer

11/11/11 Gallagher

2 alto

Magyar. (Szabolcs)

Laborer

Person who *Edna*

Edw. P. Mendenhall

574 Wingworth d

Cyanotic clw. Arid 6 hours.

John Murphy & Co., City Printers and Stationers

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

75913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Dec 10th 1884

1. Sex, (state whether male or female)

two Boys

2. Race or Color, (if not of the white race)

the white race

3. Date of Birth,

number 5 Little Mexico St

4. Place of Birth, (Street and Number)

Ratchel Soufrova

5. Full Name of Mother,

Guzee. Pollen

6. Mother's Maiden Name,

Morris Rosenberg

7. Mother's Birthplace,

Russ Poland

8. Full Name of Father,

Simon Rosenberg

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Ratchel Gushman

Address,

Lombard & Broad Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75914

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *20 November 1884*
4. Place of Birth, (Street and Number) *Mayon Street 38*
5. Full Name of Mother, *Mary Shippes*
6. Mother's Maiden Name, *Mary Coopers*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Shippes*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Woodberry*

Name of Medical Attendant, *L. E. Reinhard*
or other Person who makes this Return

Address, *205 W. Lombard Street*

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the order care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 8, 1884*

4. Place of Birth, (Street and Number) *268 1/2 Howard St*

5. Full Name of Mother, *Elizabeth D. Wraggins*

6. Mother's Maiden Name, *" " Daniel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles D. Wraggins*

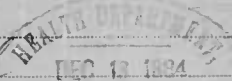
9. Father's Occupation, *Jan. Keeper*

10. Father's Birthplace, *Carroll Co. Md*

Name of Medical Attendant, or other Person who makes this Return, *Wheeler Cook M.D.*

Address, *146 Howard St*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75916

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Given Name - *Fred Williams*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *2 December 1884*

4. Place of Birth, (Street and Number) *Pine Street 160*

5. Full Name of Mother, *Laura Weisenborn*

6. Mother's Maiden Name, *Laura Spengel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Paul Weisenborn*

9. Father's Occupation, *Pianotuner*

10. Father's Birthplace, *Berlin - Germany*

Name of Medical Attendant, *L. E. Reichard*
or other person who makes this return

Address, *205 W. Lombard St. Ct.*

Remarks, **GIVEN NAME ADDED** *12-28-53*

h. m.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

10-20-34 75917
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Albert Frederick Seim

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *6 December 1884*
4. Place of Birth, (Street and Number) *738 W. Baltimore Street*
5. Full Name of Mother, *Katharina Seim*
6. Mother's Maiden Name, *Katharina Repp*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John C. Seim*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *L. S. Reinhard*
- Address, *205 W. Lombard Street*
- Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall file the same with the Registrar of Vital Statistics, who shall cause the same to be printed and distributed to the list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the parents or guardian of the child, and to the Registrar of Vital Statistics, who shall cause the same to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Charles A. Gripp

GIVEN NAME ADDED. 11-20-51

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name of the child, and the name of the mother, and the name of the physician or midwife attending the birth, and the name of the person or persons who shall hereafter call to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 13 1894*

4. Place of Birth, (Street and Number) *518 Hancock St*

5. Full Name of Mother, *Mary A. Branshaw*

6. Mother's Maiden Name, *" " " " " "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George W. Branshaw*

9. Father's Occupation, *Chgo. House J*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Wharton Cooke M.D.*

Address, *146 Hazard St. S.E.*

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Don Murphy & Co., City Printers and Stationers

[illegible]

75921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Robert B. Loomis

H. B. Prince

B. Timoso

Mar. 13. Tuesday

Printer

B. 11

Mass Enl.

Return. *13 of 116 51*

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall file the same with the Registrar of Vital Statistics, and shall also file with him a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the father and mother of the child, and to the physician or practitioner of midwifery or shall in person be in attendance upon the mother, immediately thereafter; it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 9 1884*

4. Place of Birth, (Street and Number) *1146 S. Green St*

5. Full Name of Mother, *Mary C. Fisher*

6. Mother's Maiden Name, *"do" Wadsworth*

7. Mother's Birthplace, *"do"*

8. Full Name of Father, *Reed H. Fisher*

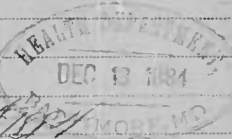
9. Father's Occupation, *Boat Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Theodore Cook M.D.*

Address, *146 Hammer St*

Remarks,



71923

RECEIVED
DEC 11 1981
HUMAN DEPARTMENT

3rd

Female

White

9th of December

199 Clifton Place Balt^o Md

Nellie Simmons

Hellie Spearman

Baltimore Md.

John J. Simmons

Carpenter

Baltimore Md.

S. Boden

120 Greenmount av

Remarks, _____

JOHN B. FRY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

[illegible]

7592.4

3-4-1946

HEALTH DEPARTMENT
DEC 13 1924
BALTIMORE

- Name of Medical Attendant, or other Person who makes this Return. *Harry E. Miller*
Address, *N. Dallas, N. 1426*

John Murphy & Co. CNY Printers and Stationers

75925

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- &c.)
 General
 White
 Recd. 10th Nov. 1894
 Charles St. East
 Cassin House
 " , Gottschalk
 Baltimore
 August J. Krause
 Chemist & Refining
 Baltimore

Theodore Cooke W. P.
1416 Kinnocraft Ave. B3

Remarks,

Section 7. And be it further enacted and ordained, that every person who shall deliver or shall cause to be delivered a child, shall hereafter take there, shall keep, store, and correct records of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child was so named; the date of birth, the full name of the mother, the name of the physician or of the midwife, and the name of the person who delivered the child, and the place of birth, and the date of the certificate between the first and third day of each month, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should not other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of person who shall hereafter call to comply with the provisions of this section, and be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

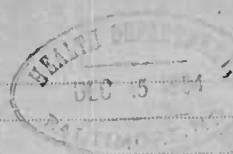
Every effort was made to
assure legibility and com-
pleteness.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75926

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 10th

4. Place of Birth, (Street and Number)

604 Cole Street Baltimore Md

5. Full Name of Mother,

Mary Jane Schmidt

6. Mother's Maiden Name,

Mary Jane O'Brien

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John M. Schmidt

9. Father's Occupation,

Coach Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Ann. Straninger

Address,

No 60. Parrish St Baltimore

Remarks,

Child is very ill

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *December 10th 1884*
4. Place of Birth, (Street and Number) *17 St Mary St.*
5. Full Name of Mother, *Fannie Marshall*
6. Mother's Maiden Name, *Walker*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Augustus Marshall*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth as shall be made by him or her, and shall file the same with the Registrar of Vital Statistics, who shall keep a list of the births which have occurred under his or her care during the month, and shall so forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the midwife or practitioner of medicine, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3d Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 10 of December 1884*
4. Place of Birth, (Street and Number) *No. 71 Harrison Street*
5. Full Name of Mother, *Dora Kasenstein*
6. Mother's Maiden Name, *Dora Kashmercia*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Thomas Kasenstein*
9. Father's Occupation, *Pecker*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return. *Mr Ch. Lauer*
- Address, *No 173 Harford Ave*
- Remarks, *Baltimore Md.*

1884

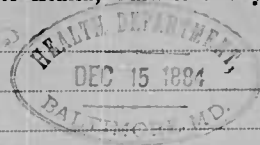
Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of names of all children born in the City of Baltimore, and shall be filled up by the midwife or person attending the birth, and shall be forwarded to the Commissioner of Health, in the form of a certificate, within ten days after the birth, and shall be retained by the Commissioner of Health, in the form of a certificate, until the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the person who shall be present at the birth, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁵⁹²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 11th 1884
4. Place of Birth, (Street and Number) No 65 Rosendale St
5. Full Name of Mother, Anna Luzby
6. Mother's Maiden Name, Anna Walker
7. Mother's Birthplace, Balt city md
8. Full Name of Father, Thomas A Luzby
9. Father's Occupation, waterman
10. Father's Birthplace, Balt city md
- Name of Medical Attendant, or other Person who makes this Return, E. Hinton
- Address, No 658 S Charles St
- Remarks, _____



Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and in the County of Baltimore, who is not a licentiate in midwifery, shall be liable to a fine of ten dollars for each offense to be recovered in other fines and forfeitures are recovered.

RETURN OF A BIRTH

75930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 12 1884*

4. Place of Birth, (Street and Number) *146 S. Charles St*

5. Full Name of Mother, *Belle Rogers*

6. Mother's Maiden Name, *Ward*

7. Mother's Birthplace, *W. Va.*

8. Full Name of Father, *Wallace Rogers*

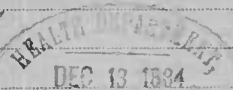
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *W. Va.*

Name of Medical Attendant, or other Person who makes this Return, *Wheeler Cook M.D.*

Address, *146 Cannon St*

Remarks,



75931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And he is further enacted and ordained that every person keeping an inn, or in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall send a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the mother and father, the date and place of birth, the sex, color, condition and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed and attested, to the Commissioner of Health, on the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or persons who shall hereafter fall to comply with the provisions of this section, to send a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, on the first and third day of each and every month to the Office of the Commissioner of Health. In case any such child offend to be recovered as either lame and feeble, or incur any other infirmities as aforesaid, the said schedule shall be delivered, duly signed and attested, to the Commissioner of Health, on the first and third day of each and every month to the Office of the Commissioner of Health.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Thos. Child

1. Sex, (state whether male or female)

Maury

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 12th of December 1884

4. *Place of Birth, (Street and Number)*

No 531 Disquith St

5. Full Name of Mother,

A. C. Dwyer

6. *Mother's Maiden Name,*

R. E. Miskell

7. *Mother's Birthplace,*

Clunie New York

8. *Full Name of Father,*

L. E. Rogers

9. *Father's Occupation,*

John W. Dwyer

10. *Father's Birthplace,*

42. 11. 1911

Name of Medical Attendant, or other Person who makes this Return.

Press. B. L. Lamm

Address,

Page 173

Remarks,

Baltimore Md.

1884

74932

[illegible]

Remarks.

5th child

ma

White

Dec 12th

Truxter, S.F.

Mary Brevit

Martha Parker

Baltimore

A Joseph Receipt

Bail Bader

Baltimore County

S. No. 100

120 гр. минер. сдв

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall transmit to the Registrar of Vital Statistics a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place under his charge, and shall be filled out by him, or by some other person authorized by him, and shall be returned to the Registrar of Vital Statistics, as far as the same can be ascertained, the full name of each child (if any shall have been conceived) its color, the names of the father and mother, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, on or before the first day of January next following the period of time specified in the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner of midwifery, or practitioner of medicine, shall neglect to deliver the said schedule, or shall deliver the same in an incorrect or incomplete manner, he shall be liable to a fine of ten dollars, or to imprisonment for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 4th Child
Male
The 13th of December
No 67 Stirling
Barbara Shaker
Barbara Nikol
Germany
Petr Shaker
Cabinet maker
Germany
Mr Ch. Lauer
No 173 Harford
Balt Md
1884

SECTION 7. Where or Superintendence, who shall be-
fore and after the same on a black schedule to be furnished by the Commissioner of Health. This schedule shall contain a
list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be
ascertained the full name of each child, if any child have been baptized, the date of baptism, the day signed by the practitioner in the case of a
physician, and the date of each and every month of each and every month to the Office of the Commissioner of Health. In case of a
midwife, the date of each and every month of each and every month to the Office of the Commissioner of Health. In case of a
physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, in
support of his birth to the Commissioner of Health, to make known the name of such child, and the date of his birth, in the
following manner: Each child to be ascertained as either male and female shall be subjected in the line of ten (10) dollars
for each child to be ascertained as either male and female are receivable.

75934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

male

White

Dec 18 1884

No 744 J Charles St

Laura Taylor

Laura Reay

Balt city and

Thomas Taylor

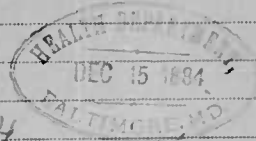
Oyster & Fudge

Balt city and

E. Hinton

No 65 & 2 Charles St

Remarks,



Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter occur, shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any child have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the Commissioner of Health, immediately thereafter, and the attendance of a physician or midwife on a birth shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21st of December 1884*

4. Place of Birth, (Street and Number) *No. 10 North Chapel Street*

5. Full Name of Mother, *Mary Lord*

6. Mother's Maiden Name, *Mary Gray*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Nick Gray*

9. Father's Occupation, *Turner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Carolina Kunkel*

Address, *11 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

75936
(over)

Name - *Wilton Snowden, Jr.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventeenth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 13' 1884 3 a.m.*

4. Place of Birth (Street and Number) *110 John St.*

5. Full Name of Mother *Adela Snowden*

6. Mother's Maiden Name *Adela Vail*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Wilton Snowden Esq^r*

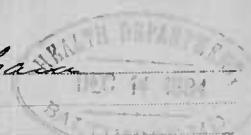
9. Father's Occupation *Att. at Law.*

10. Father's Birthplace *Annapolis Md.*

Name of Medical Attendant, or other Person who makes this Return. *A. H. Jackson M.D.*

Address *543 Lexington St.*

Remarks



Report of Vital Statistics in the City of Baltimore.

Section 7.—And, be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the list of the births which have occurred under his or her charge, together with the names of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, it shall become the duty of the person or persons of legal age, who shall be present at its birth, to inform the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth *Dec. 11th 84*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Lizzie White*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Med.*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

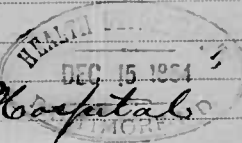
10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return.

F. R. Nordmann M.D.

Address, *—*

Remarks, *—*



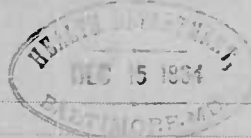
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

75938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth December 13. - 1884
 4. Place of Birth (Street and Number) 207 N. Bond St Balto
 5. Full Name of Mother Kateryna Hlacky
 6. Mother's Maiden Name K. Bralco
 7. Mother's Birthplace Bohemia
 8. Full Name of Father Judivik Hlacky
 9. Father's Occupation Shoe-maker
 10. Father's Birthplace Bohemia
 Name of Medical Attendant, or other Person who makes this Return. Kateryna Razourek
 Address 1641 Ebbott St Balto
 Remarks Born Live

75939

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

Carlson

rec. 9th 1884

13 Lemon Alley
in N. East

Lizzie Sparrow

Philip Waller

Barry Land

John Sparrow

La brie

Arumefolia Dns

Lane Holland

(Mr & wife) 16 B. Smith

Remarks:

[illegible]

Section 7.—That it be further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under a license or superintendence, shall place said true and correct record of such birth, and the date of the birth, within a reasonable time after the birth, in a book containing a full list of the births which have occurred under his or her care during the month, and shall set forth as far as the law can be ascertained the full name of each child (if any has been conferred), its sex, color, the full name and occupation of its mother, the date of its birth, the date of its admission to the hospital, and the date of its discharge, and shall transmit the same to the Registrar General of the City, before the first and third day of each and every month to the Office of the Commissioner of Health. In case the said child born from the non-attendance of its mother, or of any other person, shall be admitted to the hospital, the said midwife shall, in addition to the above, transmit to the Registrar General, before the first and third day of each and every month, the name of the mother, the date of her confinement, the date of the birth of the child, the date of its admission to the hospital, the date of its discharge, and the date of its death, if it should die, and shall be subjected to any such penalty as the Commissioner of Health, in the manner and within the period above required, and any such person who shall be convicted of any offence against the provisions of this section, shall be subjected to a fine of ten (\$10) dollars for each offence so committed, and shall be liable to imprisonment for each offence so committed, or to both such fine and imprisonment, at the discretion of the Court.

75940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3d

In re

Ureter's

Are

12/82

1363

Capra

Mary Riley

Man, Snake

St. Mary's Co. Ind

James Riley

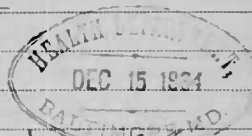
Gruiser

J. L. Munn, Esq. New

Home Released

(Mittelpunkt)

[Handwritten signature]



75941

- sections 6.—And be it further enacted and declared: That every person bringing a child into the City of Baltimore, under whose charge or superintendence a birth shall heretofore take place, shall first procure a certificate of Health. This certificate shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the physician attending the birth, and shall be returned to the Commissioner of Health, as far as the same may be ascertained. The full name of each child, the date of its birth, the sex, color, the full name and occupation of its parents, the day and the hour of its birth, and the name of the physician attending the birth, shall be entered on the certificate. It is the duty of each and every woman to be the bearer of Health, from the first and last day of each and every month to the day of the birth of a child, or of a pregnancy, or of a puerperium, or of a physician, or of a midwife, or of a nurse, or of a person, or of a child, to report its birth to the Board of Health. In the instance, however, of the cases of the births and death of illegitimate children, and of the cases of the births and death of children of persons who shall have been found to be subject to a fine or ten dollars for each child, to be recovered as other fines and penalties are recovered.

Section 8. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whom a birth has occurred, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health, and shall be responsible for the same. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by the midwife, and shall be presented to the Board of Health, for their inspection, at the expiration of each month, and shall be subject to the inspection of the Board of Health, at any time. The name of the mother, and the name of the child, shall be entered in the said schedule, and the said schedule shall be delivered, duly signed, by the midwife, in the form of a certificate, to the Board of Health, at the expiration of each month, and the said certificate shall be retained by the Board of Health, for their use. The midwife shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *And.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Thursday Dec. 4th 84.*

4. Place of Birth, (Street and Number) *48 Valley St.*

5. Full Name of Mother, *Mary Warren.*

6. Mother's Maiden Name, *Rienhardt.*

7. Mother's Birthplace, *Ireland.*

8. Full Name of Father, *Wm. Warren.*

9. Father's Occupation, *Employed N. C. & R.*

10. Father's Birthplace, *Ireland.*

Name of Medical Attendant, or other Person who makes this Return *William Brinton, M.D.*

Address, *Chapel St. Corner Place.*

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct register of all births occurring in the City, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by him or her, as the case may be, and shall be delivered to the Commissioner of Health, on or before the first day of January next ensuing. The said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first and third lists of each and every month to the Board of Health. In case the practitioner should refuse to deliver the said schedule, or should deliver the same in an untrue or fraudulent manner, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma M. Owens
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Friday, Dec. 5 - 84.*
 4. Place of Birth, (Street and Number) *216 N. Eden St.*
 5. Full Name of Mother, *Elizabeth Owens*
 6. Mother's Maiden Name, *Burkett*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *John N. Owens.*
 9. Father's Occupation, *Bricklayer.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other Person who makes this Return *Wm. Brinton M.D.*
 Address, *Chase St. & Forrest Place.*
 Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a line of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the parent or person who shall be present at the birth shall, within the period above required, and up to such time as the Commissioner of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *6 Dec.*

4. Place of Birth, (Street and Number) *10 Lombard*

5. Full Name of Mother, *Lizzie Seibert*

6. Mother's Maiden Name, *Fischer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Seibert*

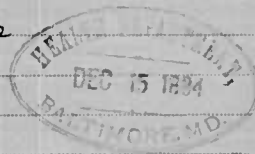
9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Casper*

Address, *72 E. Lombard*

Remarks,



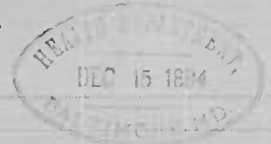
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

75945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Nov 1st 1884
4. Place of Birth (Street and Number) 61 Buren St
5. Full Name of Mother Mary McKenna
6. Mother's Maiden Name Mary McCormick
7. Mother's Birthplace Baltimore
8. Full Name of Father James McKenna
9. Father's Occupation Black Smith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. B. Reynolds M.D.
- Address 1411 N. Howard St

Remarks

I thought this had gone in
Dec 13 1884

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Committee on Health with a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Saturday Oct 6 Nov. 8th 84*
4. Place of Birth, (Street and Number) *53 Vally St.*
5. Full Name of Mother, *Lizzie Debing*
6. Mother's Maiden Name, *Lizzie Thalheimer*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Jos. A. Debing*
9. Father's Occupation, *Employe of Balt & Potomac RR*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Wilner Brintow MD*
Address, *Forest Lawn Chas*
Remarks,

75947
H

REC'D IN 1935

184.

Female)

White.

Tuesday Nov 11 84

196 Chestnut St.

Catharina Coroghaw

Germany.

Ireland.

Patrick Croghan.

Machmet,

Ireland.

Wilmer Barntow

John L. Forest Place.

Remarks. -----

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

75948

[illegible]

184.

Boy

White

Monday Nov 24, 84

401 E. Eager St.

Mary C. Sullivan.

Mary E. Bennett

Falte. ind.

Charles F. Sullivan

Daughtersman,

Bulls.

Wilmer Boniton M.D.

Chas. St. & Forest Place.

Remarks:

75949

[illegible]

181

Female

white

Saturday Nov. 24th 84

137. Harford Ave.

Mary Kernan

Mary Ward

Balt. Md.

Fernand Kernan

Officer in Md Penitentiary

Balt. Md

Wilmer Bruntow M.D.

Chas. H. Forrest Place

Remarks,

RETURN OF A BIRTH

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st. 2d. 3d. 4th. 5th. 6th. 7th. 8th. 9th. 10th. 11th. 12th.

3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace:*

8. Full Name of Father.

9. *Father's Occupation:*

10. *Father's Birthplace:*

Name of Medical Attendant, or other Person who makes this Return
 J. H. H. H.

Address.

Remarks:

[illegible]

Extract Regulations of the Health Department to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

Sections 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under these clauses, Superior Court of Baltimore, shall be required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 6th 1884

4. Place of Birth, (Street and Number)

Baltimore Mount St. N. 7

5. Full Name of Mother,

Essay. Denton

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Denton

9. Father's Occupation,

clerk.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Mitchell

Address,

N^o 54 Schroder St.

Remarks,

Direct Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75952

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 7th 1884

4. Place of Birth (Street and Number) No. 159. Harriet St.

5. Full Name of Mother Mary A. Mc Graw

6. Mother's Maiden Name Mc Graw

7. Mother's Birthplace Ballo. Ind.

8. Full Name of Father John T. A. Mc Graw

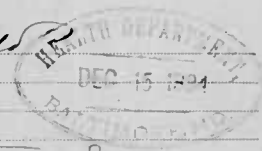
9. Father's Occupation Clerk.

10. Father's Birthplace Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return. Thomas A. Sawyer M. D.

Address. 105 N. Central Avenue.

Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 7, 11, 1884*

4. Place of Birth (Street and Number) *164 N. Eden*

5. Full Name of Mother *Charlotte Douglass*

6. Mother's Maiden Name *Braiden*

7. Mother's Birthplace *Boston Mass.*

8. Full Name of Father *John H. Douglass*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Boston Mass.*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. James M.D.*

Address *105 N. Central Ave.*

Remarks *Natural labor.*



[illegible]

75954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 8th 1884

4. Place of Birth, (Street and Number) Baltimore, Columbia Ave. 120

5. Full Name of Mother, Ella Lawson

6. Mother's Maiden Name, M^{rs}. Honey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Lawson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Mitchell

Address, N^o. 54 Schroder St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And he further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, which have occurred in the City of Baltimore, and shall be filled up by the midwife, or other person, who shall have been conferred, in respect, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or other person, the duty of the person or persons who report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

75955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 8th 1884

4. Place of Birth, (Street and Number) Baltimore Calander St. No. 6

5. Full Name of Mother, Mary Slineiman

6. Mother's Maiden Name, Jones.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Casper Slineiman

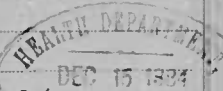
9. Father's Occupation, Wheel Wbite

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Mitchell

Address, 14^o. 54 Schroder st.

Remarks, _____



[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- | | |
|---|------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Monday Dec. 8-84. |
| 4. Place of Birth, (Street and Number) | 96 Harford Ave. |
| 5. Full Name of Mother, | Mary Murphy |
| 6. Mother's Maiden Name, | Mary Brennan. |
| 7. Mother's Birthplace, | Balti. Co. Md. |
| 8. Full Name of Father, | John Murphy. |
| 9. Father's Occupation, | Driver |
| 10. Father's Birthplace, | Balti. Md. |
| Name of Medical Attendant, <small>or other Person who makes this Return</small> | William Brinton M.D. |
| Address, | Chas. St. Corner Plac. |
| Remarks, | |

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

75957

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

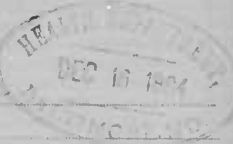
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75958

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Henry

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ...

10 Dec 1894

4. Place of Birth, (Street and Number)

199 Lexington St

5. Full Name of Mother, ...

Helene Grieb

6. Mother's Maiden Name, ...

PS
Grieb

" Becker

7. Mother's Birthplace, ...

Germany

8. Full Name of Father, ...

Feb. 11/17

Saml Grieb

9. Father's Occupation, ...

Upholderes

10. Father's Birthplace, ...

Germany

Name of Medical Attendant, or other Person who makes this Return

A. F. Edwards M.D.

Address, ...

55 N. Eutan Street

Remarks, Young child, born in menhouse and out, still born, but resuscitated

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December 10

4. Place of Birth, (Street and Number)

Baltimore Oregon st No 40

5. Full Name of Mother,

Lydia Bennett

6. Mother's Maiden Name,

Lydia Rodenwyler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Littleton Bennett

9. Father's Occupation,

gunk Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Chas Ledley

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, or who is otherwise engaged in the business of attending women in childbirth, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall retain the same until called for by the Commissioner of Health, and shall deliver the same to him at the time and place specified by him. And every person who shall fail to keep such register, or who shall fail to enter the same on a blank schedule, or who shall fail to retain the same until called for by the Commissioner of Health, or who shall fail to deliver the same to him at the time and place specified by him, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 11 Dec.

4. Place of Birth, (Street and Number) 89 Lombard

5. Full Name of Mother, Annie Kraft

6. Mother's Maiden Name, Greifgus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herman Kraft

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,

Section 7.—And, be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth, the parent or parents of such child, or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *12 Dec.*
4. Place of Birth, (Street and Number) *95 Washington*
5. Full Name of Mother, *Minnie Graman*
6. Mother's Maiden Name, *Cren*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Graman*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Casper*
- Address, *72 E. Lombard*
- Remarks, _____

95964

[illegible]

- JOHN C. HUNT & CO., CITY PRINTERS AND STATIONERS.

[illegible]

75965

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Pen

3. *Date of Birth,*

13 Dec.

115 High

Mary Perkins

Notchport

Baltimore

James Perkins

Frame-maker

B 15: 710

Calumet
Chas. E. ...

return. Sarah Caspar

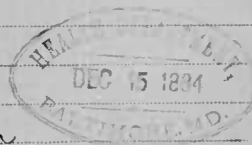
Remarks,

Section 77.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, Maryland, shall be and he or she shall be licensed by the Commissioner of Health, and the name and correct residence of such birth attendant shall enter on the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth of each, and the date and place of death of each, and every month to the 15th of the following month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person failing to do so, shall be and he or she shall be liable to be fined by the Court of Baltimore City, not exceeding ten dollars (\$10.00). And be it further enacted and ordained that any child born in Baltimore, Maryland, shall be and he or she shall be registered, and the name and forenames are preservable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

72. C. Schenck



Section 7.—And he is further enacted and ordained, that every person procuring a midwife in the City of Baltimore, who is a Freeholder or Superintendent, a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been conferred a name, color, the full status and occupation of its father, the date of its birth, and the date of its registration. The said schedule shall be forwarded to the Commissioner of Health on the first and third day of each and every month to the time of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not less than five dollars, nor more than ten dollars, to be applied to the use of the City of Baltimore, and such offence shall be deemed an offence against the public peace, and such offences are respectively

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

75968

— 2 rec.

Mass

Ch

Dec. 15/24

er) 226 5. Boston

Kettie G. Proffitt

66

[Handwritten signature]

P. E. Hopkins

Ch. C. Hopkins
Baltimore

Book 1. 1898

other Vernon's sub: *Ch. W. W. W. W. W.*

or other Person who
makes this Return

THE *Brooklyn* COAST

[illegible]

JOHN P. FERT & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Committee on the Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall deliver the same to the Committee on the Health, on or before the first day of any month shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, and every person who shall be guilty of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dec 14th / 84.

15. N. Calhoun St.

Amelia Kline

Amelia Schoolcraft

Brown New York N.Y.

Isaac D. Kline

Merchant

Barren, Bavaria, Germany

John L. R. Meyer, M.D.

273 Lexington St.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

75970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 14th 1884*
4. Place of Birth (Street and Number) *38 Constitution St*
5. Full Name of Mother *Annis Willis*
6. Mother's Maiden Name *Fried*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Hugh Willis*
9. Father's Occupation *Machinist*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. B. Reynolds M.D.*
- Address *171 N Calvert St*
- Remarks

RETURN OF A BIRTH.

75971

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex (state whether male or female)

Female

Race or Color (if not of the white race)

White

Date of Birth

30

Place of Birth (Street and Number)

No. 674 West Pratt st

Full Name of Mother

Sarah Francis Riley

Mother's Maiden Name

Sarah Francis Dorick

Mother's Birthplace

Baltimore

Full Name of Father

Lawrence Riley

Father's Occupation

Blacksmith

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Ruth A. Colburn

Address

No. 674 West Pratt st

Remarks

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Section 7.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under a license or superintendence, a birth shall hereafter take place, and the mother shall be examined, and each birth shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and hour of the birth of each child, the name of the mother, the name of the father, the name of the physician, the date and hour of the birth of each child, and every month to the end of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, named latero thereunto it shall become the duty of the person or persons so called, to present the same to the Commissioner of Health, and to cause the same to be entered in the schedule, and any such person or persons who shall hereafter fail or omit to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

75972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- John Murray & Co. City Printers and Stationers

Secures 7—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under these charges or Superintendence a birth shall be reported to the Commissioner of Health, and the midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when the child was delivered, and the name of the person who attended the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3rd Child

Male

Dec 13th 1884

358 Sharp St

Cuthbert Pyle

Heinrich

America

Frank Pyle

Laborer

America

J. Schwappert midwife

330 Hanover St.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 12th

4. Place of Birth, (Street and Number)

317 N. Gay

5. Full Name of Mother,

Mary Stern

6. Mother's Maiden Name,

Mary Cohen

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Samuel H. Stern

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. Jones

Address,

1 Cathedral St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec: 13th

4. Place of Birth, (Street and Number)

28 Hill St.

5. Full Name of Mother.

Sarah Stromberg

6. Mother's Maiden Name.

Sarah Greenbaum

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

George Stromberg

9. Father's Occupation,

Sign Dealer

10. Father's Birthplace.

German

Name of Medical Attendant, or other Person who makes this Return

H. Pennington

Address,

2 Cathedral St.

Remarks,

Section 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall be returned to the Commissioner of Health at the expiration of the month. The said schedule shall be filled up by the midwife or other person attending the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 15 - 1884*

4. Place of Birth, (Street and Number) *W. H. Spring street*

5. Full Name of Mother, *Annie W. Brian*

6. Mother's Maiden Name, *C. G. den*

7. Mother's Birthplace, *America*

8. Full Name of Father, *John C. Brian*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return, *J. Schwasser midwife*

Address, *338 Kanawha St.*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75978

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec: 2nd 54
4. Place of Birth (Street and Number) 70 East St. Balt.
5. Full Name of Mother Ellen Mann
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father James Mann
9. Father's Occupation Writer
10. Father's Birthplace Norfolk V.
Name of Medical Attendant, or other Person who makes this Return. Patricia Hoager
Address 116 N. Caroline St.
Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Dec. 2nd / 1871*
 4. Place of Birth (Street and Number) *Corner of Bond & Madison Sts.*
 5. Full Name of Mother *Mary Burton*
 6. Mother's Maiden Name *McCarthy*
 7. Mother's Birthplace *Trenton, N.J.*
 8. Full Name of Father *Fredrick Burton*
 9. Father's Occupation *Potter*
 10. Father's Birthplace *England*
 Name of Medical Attendant, or other Person who makes this Return. *Leticia Howe*
 Address *116 N. Caroline St.*
 Remarks

SECTION 6.—And to it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on Health. This schedule shall contain a full and correct record of the birth, and shall be filled up by the midwife, or other person in attendance upon the mother, immediately thereafter. The name of each child of any female shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In every case should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in any case in which the child is born dead, or is so injured as to be incapable of surviving, and in any case in which the child is born at a time of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 7th 1884

4. Place of Birth, (Street and Number)

48+50 C Market Space

5. Full Name of Mother,

S. Harris

6. Mother's Maiden Name,

S. Spiera

7. Mother's Birthplace,

R. Ireland

8. Full Name of Father,

J. Harris

9. Father's Occupation,

Merchant

10. Father's Birthplace,

R. Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. R. H. H. H. H.

Address,

No 28 N. Linn St Baltimore

Remarks,

M.D.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall be required to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its mother, and the date of its birth, and shall also certify to the Registrar of Vital Statistics the date of its birth, and shall be required to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person for each offence to be recovered an other fine and forfeitures are recoverable.

7-14-52
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Jane Huskey Christopher*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth (8th)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 8th 1884*
4. Place of Birth, (Street and Number) *360 N. Fulton Ave.*
5. Full Name of Mother, *Mary E. Christopher*
6. Mother's Maiden Name, *Mary E. Bailey*
7. Mother's Birthplace, *Dorchester Co Md.*
8. Full Name of Father, *John E. Christopher*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Dorchester Co Md*
- Name of Medical Attendant, or other Person who makes this Return, *Susan Shuter*
- Address, *21 E. Pappellian St*
- Remarks,

SECTION 6. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, and shall retain the same for the purpose of being produced on demand, and shall not be liable to any penalty or forfeiture for the failure to do so, unless he or she shall be convicted of any crime or misdemeanor in connection with the same. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, and shall retain the same for the purpose of being produced on demand, and shall not be liable to any penalty or forfeiture for the failure to do so, unless he or she shall be convicted of any crime or misdemeanor in connection with the same.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4d*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) _____
 Date of Birth, *December 11th 1884.*
 Place of Birth, (Street and Number) *12 E. Baltimore St.*
 Full Name of Mother, *Wilhemina Federhake*
 Mother's Maiden Name, *H. Heise*
 Mother's Birthplace, *Baltimore Md.*
 Full Name of Father, *Henry Federhake*
 Father's Occupation, *Tobacconist*
 Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other Person who makes this Return *Wm. Prof. J. Haberman*
 Address, *222 N. Smith St. Baltimore Md.*
 Remarks, _____

Record of Vital Statistics in the City of Baltimore.

Section 7.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under the laws of this State, shall be and he is hereby required to file with the Registrar of Vital Statistics, a schedule containing a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conceived,) its sex, color, the full name and occupation of its parents, the date of its birth, the date of its delivery, the date of its registration, the date of its removal to the hospital, the date of its removal to the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of the City of Baltimore, in the manner and within the period above required, and any such person for each offence shall be liable to a fine of not less than five dollars, nor more than ten dollars, which shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*
 1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White Race*
 3. Date of Birth, *11 day of December 1884*
 4. Place of Birth, (Street and Number) *Fredrick Ave No 73 Baltimore*
 5. Full Name of Mother, *Mrs. Rausch*
 6. Mother's Maiden Name, *Anna Emma Miller*
 7. Mother's Birthplace, *Born Bayre Germany*
 8. Full Name of Father, *Mrs. Rausch*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Born Bayre Germany*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. Miller*
 Address, *1017 west Pratt st city*
 Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

75984

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or ~~female~~) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *December 12th 1884*
4. Place of Birth, (Street and Number) *261 N. W. Corner Broadway & Thames St*
5. Full Name of Mother *Maria T. Grothaus*
6. Mother's Maiden Name *Maria T. Richter*
7. Mother's Birthplace *Baltimore City Md*
8. Full Name of Father *Wilhelm G. Grothaus*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas J. Dashiell*
- Address *207 S. Broadway*
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

75-985

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Nov: 20th/54*
 4. Place of Birth (Street and Number) *4. Watson St. Balt.*
 5. Full Name of Mother *Kate Lowmy*
 6. Mother's Maiden Name *Button*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *John Wm Lowmy*
 9. Father's Occupation *Painter*
 10. Father's Birthplace *Richmond Vt.*
 Name of Medical Attendant, or other Person who makes this Return. *Lebitia Plaine*
 Address *116 E. Caroline St.*
 Remarks

75986

17 1928

(cc.)

Female

[Handwritten signature]

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4/18/02

708 Tenn. Ave.
R.R. 6

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Baltimore

Kelleam

Taber

Baltimore

C. A. Buddenbaker

Hob. S. Peadar

JOHN H. FULT & SONS, CITY PRINTER AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 75989

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 30th 1884*

4. Place of Birth, (Street and Number) *65 South High St*

5. Full Name of Mother, *Anne Mary Brown*

6. Mother's Maiden Name, *Stieglwald*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Albert Lee Brown*

9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Wm H Siffenduffer M.D.*

Address, *140 Bolton St*

Remarks,

SECTION 41. And be it further enacted, and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall keep an exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife, and shall contain the full name of each child, and the name of the mother, and the date of birth, and the sex, color, the full name and residence of the father, and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner is unable to deliver the same, he or she shall cause the same to be delivered by some other person, and should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the place, and at the time, and on the day, and in the form, and under the signature of the practitioner, and in the case of the birth and death of illegitimate children, and in the case of the birth and death of children of any person or persons who shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are, recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 7/84*

4. Place of Birth, (Street and Number) *4785 W. Biddle*

5. Full Name of Mother, *Ella A. Pitts*

6. Mother's Maiden Name, *Melshman*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Wm H. Pitts*

9. Father's Occupation, *Carpenter (Transp Co)*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *A. L. Spurgeon*

Address, *387 W. Lombard*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 9 - 84

4. Place of Birth, (Street and Number)

S.E. Cor. Pine & Raborg Sts.

5. Full Name of Mother,

Pauline F. N. Nokamp

6. Mother's Maiden Name,

Miss Haud

7. Mother's Birthplace,

City

8. Full Name of Father,

J. F. Nokamp

9. Father's Occupation,

Machinist

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

William M. D.

Address,

15. E. 1st St.

Remarks,

SECTION G.—And be it further enacted and ordained, That every person practicing midwifery in this City of Baltimore, and every person who shall hereafter take place, shall keep a true and correct register of such births, and shall submit the same to the Board of Health, at the office of the Board of Health, at the City Hall, at the expiration of each month, and shall set forth, as far as the same can be ascertained, the full name of each child (if born), the name and occupation of its parents, the day and place of its birth, and the date of its delivery, and shall also enter the name of the physician, or of a practitioner of midwifery, or of any child that shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any child that shall occur within the period above required, except in the case of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 9th*

4. Place of Birth, (Street and Number) *369 Hamburg St*

5. Full Name of Mother, *Elenora Bing*

6. Mother's Maiden Name, *Himmer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John H. Bing*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return *Carl Buddenbom*

Address, *66 S. Dear St*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 75994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 10th 1884

4. Place of Birth, (Street and Number)

112 S. Central Ave.

5. Full Name of Mother,

Josephine Goeburger

6. Mother's Maiden Name,

Biddle

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Henry G. Goeburger

9. Father's Occupation,

Trader

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. H. Diefenderffer M.D.

Address,

1400 Bolton St.

Remarks,

75995

contributes to this, and to other, social and cultural

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 131

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white race

3. Date of Birth December the 10th

4. Place of Birth, (Street and Number) Baltimore Hubbard St No 244

5. Full Name of Mother, Mary C weaver

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H weaver

9. Father's Occupation, labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, William St No 344

Remarks,

Section 7.—And he further enacted and ordained that every person keeping an infirmary in the City of Baltimore, under a charter or Incorporation, or a license or other authority, shall, hereafter, take place, shall keep a correct register of each birth and shall enter the same on a black schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child [if any] that have been so delivered, duly signed by the practitioner in the case of his or her attendance, and the date of such delivery, and shall be delivered, duly signed by the practitioner in the case of his or her attendance, to the Commissioner of Health, on or before the first and third day of each and every month to the Office of the Commissioner of Health. In case of the death of any child shall occur without the attendance of a physician or practitioner, or if a child be born to a mother in attendance upon the mother, immediately thereafter it shall be necessary for the duty of the person or persons of such child, or for the person or persons of such child, to be ascertained, and the same shall be duly entered on the schedule, and the same shall be subject to the fine of ten (10) dollars for each offence. And he further enacted and ordained that any person who shall violate the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as elsewhere and as aforesaid.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) colored child

3. Date of Birth..... The 1st - 1st 1891

4. Place of Birth, (Street and Number) York St 109

5. Full Name of Mother, *Heavenly & Brown*

6. Mother's Maiden Name, McGee

7. Mother's Birthplace, ending Ton

8. Full Name of Father, Yadu Bhandari

9. Father's Occupation. dhani nan

10. Father's Birthplace. Baltimore

Name of Medical Attendant or other Person who has this Record *Nil* *arec*

Address 2 Hurmatu

Remarks

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be returned by the Registrar shall be liable to the same penalties as are provided for in the Act relating to the Registrar of Births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily by the practitioner in the form of a certificate to the Registrar of Births, and the Registrar of Births shall be authorized to cause to be made a copy of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th child*

1. Sex, (state whether male or female) *Male child*

2. Race or Color, (if not of the white race) *december*

3. Date of Birth *6 color*

4. Place of Birth, (Street and Number) *64. chust. street-*

5. Full Name of Mother, *fargen prote*

6. Mother's Maiden Name, *fargen Parm*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Luice prote*

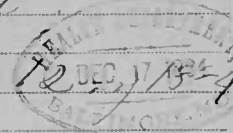
9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Draner*

Name of Medical Attendant, or other Person who makes this Return. *Miller Gross*

Address, *12 plum gallery*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 75998

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 12th 1884

4. Place of Birth, (Street and Number) 260 W. Townsend St.

5. Full Name of Mother, Mary Estelle Dippenduffer

6. Mother's Maiden Name, Bailey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry H. Dippenduffer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. S. Dippenduffer M.D.

Address, 140 Bolton St.

Remarks,

75999

[Faint, illegible markings]

U.E. Child

Female
10/15

File
195

Dec 13th

191 Columbia Av.

Sophia Leander King
It.

Stig

Pennsylvania

Ar. Lender King

Limer

Germany
D. 12 10 10

or other Person who makes this Return *C. B. Buchanan*

66 x Pass 11

JOHN R. KELT & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76000

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 13th 1884

4. Place of Birth (Street and Number)

10 h Patterson Park av

5. Full Name of Mother

Mary Raffle

6. Mother's Maiden Name

Mary Becker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Clinton Raffle

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm N Hill M D.

Address

196 E Baltimore St

Remarks

76001

b. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

White

December

84 - Charlotte Ave

Urechia ingallsi

Albercia Johnson

Baltimore Md

John D. Ingham

Labov

Baltimore Md

10 Susan Hunter -
11

21st Parrelton St

Remarks

John Murphy & Co., City Printers and Stationers.

Fifth
 HEALTH DEPARTMENT
 DEC 16 1924
 1884

Section 7.—And be it further enacted that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall cause the same to be filed in the Office of the Registrar of Vital Statistics, who shall maintain a list of the births which have occurred under his or her care during the month, and shall set forth as follows the names of the parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate of birth, to the Registrar of Vital Statistics, who shall file the same in the Office of the Registrar of Vital Statistics. The birth of any child shall occur without the attendance of a Physician or midwife, or the attendance of a midwife, who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 14. September, 81
 4. Place of Birth, (Street and Number) Baltimore, Md., North 258.
 5. Full Name of Mother, Mary. Elizabeth. Jennings
 6. Mother's Maiden Name, McGowan
 7. Mother's Birthplace, Baltimore, City, Md.
 8. Full Name of Father, Ernest S. Jennings
 9. Father's Occupation, Assistant, U.S. Marine, at one on the
 10. Father's Birthplace, Baltimore, City, Maryland
 Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Smith
 Address, 21 N. Connelton St.
 Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and who shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a set of questions which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of the mother, the date and place of birth, and the said schedule shall be delivered, duly signed by the midwife, to the Commissioner of Health, on or before the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth of such child, the person or persons attending the birth of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 15 of December 1884*

4. Place of Birth, (Street and Number) *No 10 Spring Street*

5. Full Name of Mother, *Katie Moran*

6. Mother's Maiden Name, *Katie Gutz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Moran*

9. Father's Occupation, *Railroad*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Ch. Sauer*

Address, *No 173 Bedford Street*

Remarks, *Baltimore Md*

1884

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a line for the name of the child, a line for the name of the mother, a line for the name of the father, a line for the name of the place of birth, a line for the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child shall occur on the last day of a month, the said schedule shall be delivered to the Office of the Commissioner of Health on the first day of the next month. The said schedule shall be signed and sworn upon by the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th day of December 1884*

4. Place of Birth, (Street and Number) *N. 2 Major St.*

5. Full Name of Mother, *Victory Schmitt*

6. Mother's Maiden Name, *Victory Duvoide*

7. Mother's Birthplace, *Hessend, Germany*

8. Full Name of Father, *James L. Duvoide*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Cecilia Runkel*

Address, *11 North Central St. for Cecilia Runkel*

Remarks, *Healthy*

Section 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and true statement of the facts and circumstances attending the birth, and shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Commissioner of Health, as far as the same can be ascertained, the full name of each child (if any) shall have been conferred.) In case, however, the full name of the child cannot be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, and every month to the Office of the Commissioner of Health. In case the birth of a child shall occur between the first and third day of each month, the practitioner shall be liable to the penalty of one dollar for each day of delay in attendance upon the mother. Immediately thereafter it shall become the duty of the practitioner to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3d Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 13 of December 1854*

4. Place of Birth, (Street and Number) *No 34 Batten Street*

5. Full Name of Mother, *Kate Kellerman*

6. Mother's Maiden Name, *Kate Seiberger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Kellerman*

9. Father's Occupation, *Cutter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Ch. Lauer*

Address, *No 173 Harford Street*

Remarks, *Baltimore Md.*

1854

Section 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a column for the name of the child, a column for the name of the mother, a column for the name of the father, a column for the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner fails to deliver the said schedule as herein provided, he shall be liable to a fine of ten dollars for each failure to be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 15th

4. Place of Birth, (Street and Number) 190 E. Fremont St.

5. Full Name of Mother, Mrs. Adam Miller

6. Mother's Maiden Name, Annie Klug

7. Mother's Birthplace, City

8. Full Name of Father, Adam Miller

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. H. Hill M.D.

Address, E. D. M. & Schneider 215

Remarks, 6 mo. child only breathed a few times & died. Hill

SECTION 6.—And, be it further enacted, that any person who, in violation of the provisions of the Act in that behalf made, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the Department of Health, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. And, be it further enacted, that any person who, in violation of the provisions of the Act in that behalf made, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the Department of Health, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. And, be it further enacted, that any person who, in violation of the provisions of the Act in that behalf made, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the Department of Health, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 12.16.84

4. Place of Birth, (Street and Number) 255 Lexington St.

5. Full Name of Mother, Eliz. Williams

6. Mother's Maiden Name, Krozier

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Ed. M. Williams

9. Father's Occupation, Merchant

10. Father's Birthplace, ?

Name of Medical Attendant, or other Person who makes this Return W. Eastman

Address, 349 Lexington

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st 2d 3d 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 4th 1867

4. Place of Birth (Street and Number)

32 Conway St

5. Full Name of Mother

Mary Elsas

6. Mother's Maiden Name

Mary Mandair

7. Mother's Birthplace

Middleton Del.

8. Full Name of Father

William C. Elsas

9. Father's Occupation

Steamboat Agent

10. Father's Birthplace

Del.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Lancy H. Barclay M.D.

Address

47 Conway St.

Remarks

Period of Utero-gestation, Seven months & a half.

76009

[illegible]

J.H. [illegible]
Linn
White
 93/884
 DEC 17 1884
 MORE MD.

J.H. [illegible]
Linn
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 DEC 17 1884
 MORE MD.

J.H. [unclear]
Linn
White
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 DEC 17 1884
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J.H. [illegible]
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J.H. [illegible]
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J.H. [illegible]
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J.H. [unclear]
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J.H. [unclear]
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 MORE MD.

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 MORE MD.

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J.H. [illegible]
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 DEC 17 1884
 MORE MD.

J.H. [illegible]
Linn
White
93/884
DEC 17 1884
MONTGOMERY, MD.

J.H. [illegible]
Linn
White
 93/884
 DEC 17 1884
 MORE MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall cause the same to be filed in the office of the Registrar of Vital Statistics, and shall also keep a true and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, on or before the first day of the month following the birth. In case the birth of any child shall occur on the first day of the month, the practitioner or person in charge of the birth shall be in attendance upon the mother immediately thereafter. It shall become the duty of the person or persons of midwifery or should of child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth December the 11th

4. Place of Birth, (Street and Number) Baltimore Hubbard St. No 204

5. Full Name of Mother, Margret Blouch

6. Mother's Maiden Name, Ellen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Blouch

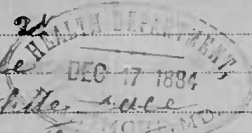
9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hubbard

Address, William St. No 344

Remarks, _____



SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and of the names of the persons attending the same, and shall file the same with the Registrar of Births, and shall file a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Births. In case this certificate is not delivered, duly signed and filed within the time specified, the practitioner shall be liable to a fine of ten dollars to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 13th 1884*

4. Place of Birth, (Street and Number) *1131 Alameda St.*

5. Full Name of Mother, *Mary Ann*

6. Mother's Maiden Name, *Friend*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Francis*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Do. Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Lillian Simmons*

Address, *40 70 Grand St.*

Remarks,

760113

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

State

Dec. 13th

No. 4 Central Ave

Therese Beitzel

" Helene

Ballo

Paul Beitzel

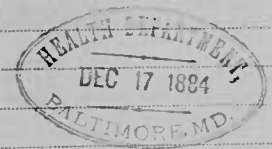
Garner

Germany

Luphia Giesinger

50. 70 Grandby St.

Remarks,--



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate between its first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16 1887
4. Place of Birth, (Street and Number) No 1 Jones Court
5. Full Name of Mother, Mary L. Davis
6. Mother's Maiden Name, Chase
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, John Henry Davis
9. Father's Occupation, Physician
10. Father's Birthplace, Kent Co Delaware
- Name of Medical Attendant, or other Person who makes this Return, Jessie M. Morgan
- Address, 47 N. Delaware St
- Remarks, _____

7 boys-

[illegible]

5th Child

1878
Paul White

White

geboren den 16^{ten} Dezember

No 174 Eastern Av

Annae Kope

Anna Werner

Baltimore

Frederick Royce.

Supper

Baltimore

Friederike Kaufmann

2. *As*

Helium

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under these charge or Superior, under the seal of the City, shall be bound to file with the Commissioner of Health, a list of all the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said set forth within the first month after the birth of such child, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect provided in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

geboren den 16^{ten} December

4. Place of Birth, (Street and Number)

N^o 288 S. Dallas St.

5. Full Name of Mother,

Anna Bollkrafft

6. Mother's Maiden Name,

Anna Fügen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Bollkrafft

9. Father's Occupation,

Schiff-Cogner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Frederick Raupmann

Address,

N^o 202 S. Dallas St.

Remarks,

Hebammen

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under and subject to the provisions of the Act in that behalf passed, shall keep a book and register, in which he or she shall enter the names of all the children born in the City of Baltimore, and shall enter the same in a blank schedule to be furnished by the Commissioners of Health. This book and register shall be accertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its mother, the date of its birth, and the date of its registration, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioners of Health. The birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the mother, to cause the birth of such child to be registered, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

March

White

1st of December, 1897

No. 5 Myrtle Avenue, Baltimore

Henni Ruckman

Henni Schmidt

Prussia

Henni Ruckman

Labourer

Prussia

Juliana J. J. J.

125 West 1st

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a statement of the date and place of birth, and shall be filled up by the midwife or person attending the birth, and shall be delivered to the Commissioner of Health, or to the Registrar of Vital Statistics, at the time of the birth, and shall be retained by the Commissioner of Health, or by the Registrar of Vital Statistics, until the expiration of the term of office of the Commissioner of Health, or of the Registrar of Vital Statistics, as the case may be. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall fail to keep a true and correct register of such birth, or who shall fail to deliver the same to the Commissioner of Health, or to the Registrar of Vital Statistics, at the time of the birth, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13th December 1884*

4. Place of Birth, (Street and Number) *No. 15 Pottery St.*

5. Full Name of Mother, *Thomas Shaffer*

6. Mother's Maiden Name, *Theresa Fisher*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *John Shaffer*

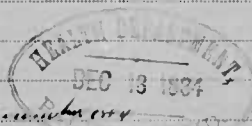
9. Father's Occupation, *Shaffer*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return, *John A. Greenhalgh*

Address, *No. 125 West St.*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

76020

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. Sex, (state whether male or female).. Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 11th 1884.

4. Place of Birth, (Street and Number) 820. W. Pratt St

5. Full Name of Mother, Kate P. Patterson

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Scotland

8. Full Name of Father, Frank Patterson

9. Father's Occupation,

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



John M. White, M.D.
342 N. Broadway

76021

Section 10. If the child is born to a woman who is married, the husband of such woman shall be deemed to be the father of such child, unless the husband of such woman is shown to be incapable of fathering such child. If the child is born to a woman who is unmarried, the mother of such child shall be deemed to be the mother of such child, unless the mother of such child is shown to be incapable of bearing such child. If the child is born to a woman who is married and the husband of such woman is shown to be incapable of fathering such child, the child shall be deemed to be the child of the mother of such child and the father of such child shall be deemed to be the father of such child, unless the father of such child is shown to be incapable of fathering such child. If the child is born to a woman who is unmarried and the mother of such child is shown to be incapable of bearing such child, the child shall be deemed to be the child of the mother of such child and the father of such child shall be deemed to be the father of such child, unless the father of such child is shown to be incapable of fathering such child. If the child is born to a woman who is married and the husband of such woman is shown to be incapable of fathering such child, the child shall be deemed to be the child of the mother of such child and the father of such child shall be deemed to be the father of such child, unless the father of such child is shown to be incapable of fathering such child. If the child is born to a woman who is unmarried and the mother of such child is shown to be incapable of bearing such child, the child shall be deemed to be the child of the mother of such child and the father of such child shall be deemed to be the father of such child, unless the father of such child is shown to be incapable of fathering such child.

9th

Male

white

Dec 8 1882

665 W. 1st Ave.

Charlotte Spier

Charlotte Groedel

Герману

Monthly Sales

Storekeeper

German

A. Friedman

Remarks.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall be performed, shall keep a list of the names of all children born in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations of the Board of Health, or persons who shall hereafter be authorized to receive and forward the reports, and the said reports shall be subject to the fine of ten (10) dollars for each offence to be recovered in their due and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth *Dec. 17th 84*
4. Place of Birth, (Street and Number) *Maternity Hospital*
5. Full Name of Mother, *Annie Savage*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Va.*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann*
- Address, *—*
- Remarks, *—*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (~~and whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female).

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dec 18/88 12 45 AM.
177 N Gay St.
Annie Dodman
" Ruppel
Germany
John L. Dodman
Seegar Store
Ireland
A. J. Sherry M.D.
88 2 Baltimore St.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its mother, the date and place of its birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, within the time and within the period above required, and any such person or persons who shall neglect to do so, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RECEIVED
DEC 13 1884

1st of November 1884

No 26 Green St

Mary Louis

Mary Hill

Baltimore

Charles Louis

Seaman

Baltimore

John J. Gachal

211 N. West St

What any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7/20/25

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) _____

3. Date of Birth 7 Dec

4. Place of Birth (Street and Number) Fort Ave near Jackson

5. Full Name of Mother Mary Ellen Missick

6. Mother's Maiden Name Hatten

7. Mother's Birthplace Prince George Co

8. Full Name of Father Solomon Missick

9. Father's Occupation Waterman

10. Father's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address 88 Fort Ave

Remarks _____

SECTION 9.—And be it further enacted and ordained, That every person who is present at the birth of a child in Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of the month of January last, and shall be filled up by the person who is present at the birth of a child, and shall be signed by the Registrar of Health, and shall be filed in the office of the Registrar of Health. And be it further enacted and ordained, That every person who is present at the birth of a child, and who is not the Registrar of Health, shall, upon the demand of the Registrar of Health, produce the said schedule, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11th 1884.

4. Place of Birth, (Street and Number)

13 Clement St. Locust Point Baltimore

5. Full Name of Mother,

Salphia Herriott

6. Mother's Maiden Name,

Salphia School

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

Elmer Herriott

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return

Eliza J. Phoeffer

Address,

East ave. & Jones Street Locust Point Baltimore

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

First

Male

White

Dec 12th 1884

13 Naudal St

Margaret Sever

Margaret Brandenburg

Maryland

John Sever

Conductor on B&O RR

Maryland

Dr Phillips M.D.

21 N Lombard St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76028

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 15 1884*
4. Place of Birth (Street and Number) *9 Carey St. W. Wash. Rd.*
5. Full Name of Mother *Agnes Ellen Howard*
6. Mother's Maiden Name *Sapp*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James H. Howard*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *H. W. Weber M.D.*
- Address *298 W. Lombard St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 76029

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

from mail

2. Race or Color, (if not of the white race)

Colard

3. Date of Birth,

December 13/84 at twelve o'clock

4. Place of Birth, (Street and Number)

Baltimore R 36 Little W. Elderry St

5. Full Name of Mother,

Caroline Giffon

6. Mother's Maiden Name,

Caroline Bond

7. Mother's Birthplace,

Baltimore County Maryland

8. Full Name of Father,

John Giffon

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Sykes

Address,

114 Sterling St

Remarks,

Baltimore

Not any physician, accoucher, midwife, or other person in charge, who shall attend, cause or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16th Dec

4. Place of Birth, (Street and Number)

126 W. 11th St

5. Full Name of Mother,

Catherine L. Shaffer

6. Mother's Maiden Name,

Collier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mark Shaffer

9. Father's Occupation,

Sp. Care

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wang Harrison

Address,

112 Scott St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the second*

1. Sex, (state whether male or female)

a girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

17th December

4. Place of Birth, (Street and Number)

N 7 S. James str.

5. Full Name of Mother

Ema

6. Mother's Maiden Name,

Kesler

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Jacob Todorovitz

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Rivka ustman

Address,

N 6 Broad ally

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 1st

1. Sex, (state whether male or female)

A. Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th Dec.

4. Place of Birth, (Street and Number)

112 N. High St.

5. Full Name of Mother,

Sarah

6. Mother's Maiden Name,

Balicok

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Jacob Hyman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Poland Russia

Name of Medical Attendant,

or other Person who makes this Return

Address,

Nº 6

Broad Alley Rinko ustman

Remarks,

that any physician, accoucheur, midwife, or other person having knowledge of the birth of a child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 11-9-99
RETURN OF A BIRTH

760314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: *Dwight D. M. Parker*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 12th 1884*
4. Place of Birth, (Street and Number) *3842 Fayette st*
5. Full Name of Mother, *Emily H. Phillips* (*Mary Brashears*)
6. Mother's Maiden Name, *"* (*Brashears*)
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Wm H Parker*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *D W Catheel M.D.*
Address, *2 Maryland*
Remarks,

of Baltimore, under whose charge or supervision a birth shall be reported, shall keep a book and register of such births, and shall enter the name on a duly executed and to be furnished to the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Registrar of Health. In case the birth of any child shall occur at a distance from a city or town, or at a place where no physician or midwife is residing, or where there is no regular attendance, the practitioner shall, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in the case of still-born children, report the same to the Registrar of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. L. Doyle M.D.
217 Sawale

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

At the birth of every child, the attending physician, midwife, or other person in charge, or to the Registrar of Births, shall report, to the child or children, within six days thereafter, conditions, whether still-born or not, the full name, sex, and color of the child or children, and the residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Father's Occupation,

9. Father's Birthplace,

10. Name of Medical Attendant,

Address.

Remarks.

or other Person who
makes this Return

Male
Colored

December 18, 1884

W. (or Pearl & Chesnut Sts.)
Julia Washington
" (Commerson)
City

George
East Washington
Laborer
City

A. Jinsley
386 Druid Hill Ave

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 18, 1884

4. Place of Birth, (Street and Number)

W. Cor Pearl & Chesnut Sts.

5. Full Name of Mother,

Julia Washington

6. Mother's Maiden Name,

" Commins

7. Mother's Birthplace,

City -

8. Full Name of Father,

George E. Washington

9. Father's Occupation,

Labourer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

A. Tinsley M.D.

Address

386 Druid Hill Ave

Remarks

I am a Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

76037

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Childress 2

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Cottoid

3. Date of Birth Saturday December 13

4. Place of Birth, (Street and Number) 86 Raborg st

5. Full Name of Mother Louise Carter

6. Mother's Maiden Name Louise Pollard

7. Mother's Birthplace Jarrettsville Va

8. Full Name of Father Samuel Carter

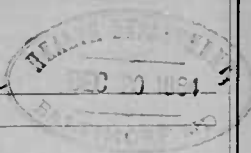
9. Father's Occupation Stenciler

10. Father's Birthplace Danville Va

Name of Medical Attendant, or other Person who makes this Return. May E. W. Ware

Address 113 Raborg st

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White - American*

3. Date of Birth *Dec. 15th 1884*

4. Place of Birth (Street and Number) *192 St. Calvert St*

5. Full Name of Mother *Ella Page Crookston*

6. Mother's Maiden Name *Page*

7. Mother's Birthplace *Philadelphia Pa*

8. Full Name of Father *John S. Crookston*

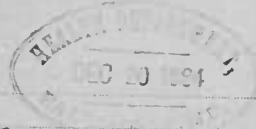
9. Father's Occupation *Agent*

10. Father's Birthplace *Baltimore Co Md*

Name of Medical Attendant, or other Person who makes this Return. *L. E. Lindsay M D*

Address *23 Read St*

Remarks



Recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76039

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Eleventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 13th 1884

4. Place of Birth (Street and Number)

20 Spring St. near Wilson

5. Full Name of Mother

Gertrude W. Meser

6. Mother's Maiden Name

Gertrude W. Salisbury

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George Meser

9. Father's Occupation

N.R. Conductor

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

H. J. H. H. H.

Address

1127 N. Central Ave

Remarks

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charges or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of this birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name of the child, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 12 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 11 of December 1884*
4. Place of Birth, (Street and Number) *Hamstead Baltimore County*
5. Full Name of Mother, *Kunigunda Dietz*
6. Mother's Maiden Name, *Kunigunda Knauch*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Dietz*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Sauer*
- Address, *No 173 Hayford Ave*
- Remarks, *Baltimore Md.*

1884

SECTION 7.—And be it further enacted and contained that every person practicing midwifery in the City of Baltimore, who shall deliver or assist in the delivery of any child, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death, if it shall have died, and the date of its burial, if it shall have been buried, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any act or failure to do so shall be deemed an offense, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of September 1894*

4. Place of Birth, (Street and Number) *225 Bank Street*

5. Full Name of Mother, *Lizzie Nelson*

6. Mother's Maiden Name, *Lizzie Collier*

7. Mother's Birthplace, *Tanner et county*

8. Full Name of Father, *Henry D. Collier*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *St. Mary's county*

Name of Medical Attendant, or other Person who makes this Return, *Cecilia Runkel*

Address, *11 North Chapel Street, Baltimore*

Remarks, *Healthy*

Section 7.—And the further enactment and enactment that every person who is present at the birth of a child, and who is not a physician or midwife, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a space for the name of the child, the name of the mother, the date and place of birth, and the sex of the child, and shall be filled out by the person who is present at the birth of the child, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and within the time provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7/60/3

Elvie Bechtel
The 3 Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 17 of December 1884*

4. Place of Birth, (Street and Number) *No 253 Orleans St.*

5. Full Name of Mother, *Kate Bechtel*

6. Mother's Maiden Name, *Kate Schirah*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Bechtel*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*

Address, *No 173 Harford Ave*

Remarks, **GIVEN NAME ADDED.** *10-23-83 Baltimore Md*
h.m.
1884

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who make this Return.

Address

Remarks

76043
3rd
Female.
Black.
Dec. 15.
Parrish Alley.
Annie Addison
Watkins.
West River.
Jas. Addison.
Driver.
West River.
Chas. H. Cockey, M.D.
No. 211 N. Gilman St.

SECTION 1. Any person who shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20 1894

4. Place of Birth, (Street and Number)

157 N Eden St

5. Full Name of Mother,

Lina Strauf
Frank

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Isaac Straus

9. Father's Occupation,

Blank
Balt

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

W. C. C. M. D.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

3rd

Male

White

Dec 19th 1884

1030 Chester St

Eliza Green

Phillips

Eastern Shore Md

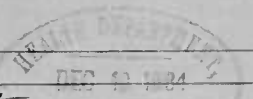
Edwin Green

Rev Baptist

Maryland

Dr. G. W. G. G. G.

203 Broadway



76047

ch

male

White

Dec. 4th - Sat

316 Mosher St

Kate J. Owens

11. *Fishes*

Balt

Owen G. Owens.

Stereo pen.

Maryland

Thomas, Opie

179 N. Howard St

Remarks,

[illegible]

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person attending the birth shall immediately report the same to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

December 9, 1884

236 N. Front St.

Mrs. Minnie Brewer

Lynch

Virginia

Chas. Brewer

laborer

Baltimore

Geo. A. Fleming M.D.

Franklin & Greene Sts.

Section 7.—And be it further enacted, that every person who keeps a house and correct register of such birth under whose charge or superintendence a birth shall be registered, shall be liable to the penalties herein provided in case of neglect or refusal to comply with the provisions of this act. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the name and occupation of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in compliance with the provisions of this act, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... Dec. 12th 1884

4. Place of Birth, (Street and Number)..... Baltimore Dolphin St No. 140

5. Full Name of Mother,..... Mary. Davis

6. Mother's Maiden Name,..... Hayes.

7. Mother's Birthplace,..... Baltimore

8. Full Name of Father,..... Thomas Davis

9. Father's Occupation,..... Carpenter

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return,..... Mrs. A. Mitchell

Address,..... No. 54 Schroeder St.

Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female) _____
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *14th Dec - 1884.*
4. Place of Birth (Street and Number) *64 Mulberry St.*
5. Full Name of Mother *Victoria Lucie Louise Flore de Sempuy.*
6. Mother's Maiden Name *Broutier.*
7. Mother's Birthplace *France.*
8. Full Name of Father *Renand Ferdinand Amédée de Sempuy*
9. Father's Occupation *Teacher.*
10. Father's Birthplace *France.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Jno. L. Jay M.D.
75 Franklin St.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

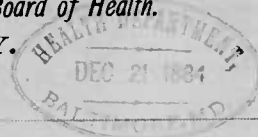
71052
Male
Colored
Dec 16th 84
159 Vine St
Eliza Wiley
" Green
Mary Carter
James Wiley
Carter
Baltimore
H. H. Nelson
Baltimore

HEALTH DEPARTMENT
DEC 21 1884
BALTIMORE MD

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 16 December

4. Place of Birth (Street and Number) 49 Schina Street

5. Full Name of Mother Martina Mason

6. Mother's Maiden Name Martina Mason

7. Mother's Birthplace Baltimore

8. Full Name of Father Unknown

9. Father's Occupation Unknown

10. Father's Birthplace Unknown

Name of Medical Attendant, or other Person who makes this Return. Lucy Upshur

Address 150 S. Calvert Street

Remarks City

Section 2. A. The Registrar or Superintendent of Births shall hereafter take place, shall keep a true and correct register of such birth under the charge of the Registrar or Superintendent of Births. This schedule shall contain a list of the births which have occurred under the or her care during the month, and shall set forth as far as the same can be ascertained the full name of the child, the date of birth, the race and color, the sex, the date of delivery, the name of the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending the mother to send the child, or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2. second
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 18-1884
4. Place of Birth, (Street and Number) 187. Scott St.
5. Full Name of Mother, Kate Glann,
6. Mother's Maiden Name, Kate Blimline
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geg. Osborn Glann
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return, M. Kunigunda Schlifer
- Address, 20 Columbia St.
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

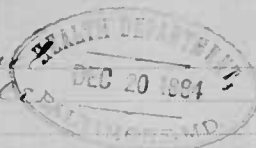
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks



Passage & Emigration

up to Second Week.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or diploma shall be required to keep a book or books in which he or she shall enter a full and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said wife shall be liable to be called upon to produce the same in the form of a sworn statement to the Office of the Commissioner of Health. In the case of a birth which occurs without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars, and such person, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

11

White

15 Dec 1884

16 E. McKim St.

Mary Lizzinduth Gray

Mary Lizzinduth Probst

Baltimore

George Gray

Engineer

Baltimore

Lizzinduth Gray

193 E. Chester St.

Heath & Child



under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct Register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its race or color, its date of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the place of birth, the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 18th

4. Place of Birth, (Street and Number) 12 96 Eastern Ave

5. Full Name of Mother, Bidd. Glenn

6. Mother's Maiden Name, Betty Holland

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Mike Glenn

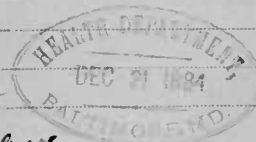
9. Father's Occupation, Engineer

10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other Person who makes this Return, Sophia Gierman

Address, 12 96 Granby St.

Remarks,



under whose charge or supervision a birth shall occur. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name in English of each child, the date of birth, the sex, the race or color, the date of delivery, and the date of registration. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons attending such birth to report the same to the Office of the Commissioner of Health, and the person or persons so reporting shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 19th

4. Place of Birth, (Street and Number) No. 68 Central ave

5. Full Name of Mother, Margaret Ginnert

6. Mother's Maiden Name, " " Metzger

7. Mother's Birthplace, Balt.

8. Full Name of Father, Paul Ginnert

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Sophia Simon

Address, No. 70 Grand St.

Remarks,



6509

[illegible]

Third

Male

white

Dec. 19th 1884

136 Lyons

Carrie to Local

became

Ma. v. L.

42

Printed

But it

or other Person who
makes this Return

506 Madison Ave

Remarks:

any birth, and shall deliver the same on a blank schedule to be furnished by the Committee of Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, the sex, date of birth, and the name of the mother, and the name of the physician, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an officer person to its attendance, he or she shall be liable to a fine of ten dollars for each child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 19th 1884
4. Place of Birth, (Street and Number) 312 W Hoffman
5. Full Name of Mother, Runie Back
6. Mother's Maiden Name, Beibelehiser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Back
9. Father's Occupation, Expressman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, _____ or other Person who makes this Return _____
- Address, 506 Madison Ave.
- Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished to him by the Registrar of Vital Statistics, and shall retain the same until the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, who shall file the same in his office of record, and in the event of any violation of the provisions of this section, or in the event of any person failing to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other infra and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth at home 19th 22 1904

4. Place of Birth, (Street and Number) Baltimore Plum Alley No 1

5. Full Name of Mother, J Ballard

6. Mother's Maiden Name, Lambert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Lambert

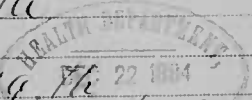
9. Father's Occupation, Brick maker

10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other Person who makes this Return. W. H. G. Grier

Address, 122 Plum Alley

Remarks, _____



76063

[illegible]

14.

- Franklin

Wm. Henry Milburn

182 E. W. Hancock St.

exact register of each birth, and shall cause the same to be signed by the physician attending the birth, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the date, place, and hour of its birth; and the said certificate shall be delivered, duly signed by the physician, in the form of a certificate, between the first and third day of every month in the month of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by law to attend the birth, the parent or parents of such child to report its birth to the board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th

Female

White

Dec 12 1884

128 Carson St.

Aggie Bauman

Joseph L.

Balt. Md.

Paul Bauman

Shoemaker

Germany

Aggie Bauman M.D.

1782 E. W. Street St.

7766

[illegible]

7th

W. A. L. 81

H. L. L.

Dec. 12th 1884

#30.2 M. Bond Lit.

May 11. 1884.

L. May Richard

James G. McKim

George Kirchschlager

Harrison, J. M. & Co.

Ball's. 1841.

Wm. H. Hall - Hallquist

Wm. Henry Wells-guest
1826. Wm. Henry Wells-guest

Remarks, notes, etc.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its mother, the date of its birth, the date of its registration, the date of its removal to the hospital, the date of its removal to the birth of any child shall occur without the attendance of a Physician or practitioner of the Office of the Commissioner of Health. In case the be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Office of the Commissioner of Health, and shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Dec 14th*
4. Place of Birth, (Street and Number) *54 Sarapham St*
5. Full Name of Mother, *Sallie Jones*
6. Mother's Maiden Name, *Sallie Jones*
7. Mother's Birthplace, *Coastal Shore Md*
8. Full Name of Father, *James Thomas*
9. Father's Occupation, *Head Carner*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Annie Johnson*
Address, *94 Tyson St*
Remarks,



76068

1. The schedule shall contain a list of the births which have occurred under his or her care as a physician or Health Officer, and shall be prepared and maintained in accordance with the following provisions:

- (a) The schedule shall be prepared in accordance with the following provisions:
- (b) The schedule shall be prepared in accordance with the following provisions:
- (c) The schedule shall be prepared in accordance with the following provisions:
- (d) The schedule shall be prepared in accordance with the following provisions:
- (e) The schedule shall be prepared in accordance with the following provisions:
- (f) The schedule shall be prepared in accordance with the following provisions:
- (g) The schedule shall be prepared in accordance with the following provisions:
- (h) The schedule shall be prepared in accordance with the following provisions:
- (i) The schedule shall be prepared in accordance with the following provisions:
- (j) The schedule shall be prepared in accordance with the following provisions:
- (k) The schedule shall be prepared in accordance with the following provisions:
- (l) The schedule shall be prepared in accordance with the following provisions:
- (m) The schedule shall be prepared in accordance with the following provisions:
- (n) The schedule shall be prepared in accordance with the following provisions:
- (o) The schedule shall be prepared in accordance with the following provisions:
- (p) The schedule shall be prepared in accordance with the following provisions:
- (q) The schedule shall be prepared in accordance with the following provisions:
- (r) The schedule shall be prepared in accordance with the following provisions:
- (s) The schedule shall be prepared in accordance with the following provisions:
- (t) The schedule shall be prepared in accordance with the following provisions:
- (u) The schedule shall be prepared in accordance with the following provisions:
- (v) The schedule shall be prepared in accordance with the following provisions:
- (w) The schedule shall be prepared in accordance with the following provisions:
- (x) The schedule shall be prepared in accordance with the following provisions:
- (y) The schedule shall be prepared in accordance with the following provisions:
- (z) The schedule shall be prepared in accordance with the following provisions:

4th

Генерал-лейтенант

W. L. G.

Dec 17/4 1884

1234 G. F. Fyffe (S)

Frank E. Hurley

Work 1

Galaxy Magazine

Charles S. Burley

Shenandoah

Balta. Ind.

Wm. Russell Kellogg

#182 E. Vermont St.

11 5 8

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, color, the month, day and hour of birth, the name and occupation of the father, the name and occupation of the mother, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to sign the schedule and to forward the same to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to sign the schedule and to forward the same to the Office of the Commissioner of Health. Any person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 17, 1884.*

4. Place of Birth, (Street and Number) *85. Dover st.*

5. Full Name of Mother, *Lotta Seibert*

6. Mother's Maiden Name, *Lotta Seibel*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Seibert*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *M. Kunigunda Schlifer*

Address, *20 Columbia St.*

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 76070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 18th, 84

4. Place of Birth, (Street and Number) 403 Lexington St

5. Full Name of Mother, Laura Matilda Sumpley

6. Mother's Maiden Name, Johnston

7. Mother's Birthplace, Virginia

8. Full Name of Father, Edmund L. Sumpley

9. Father's Occupation, Bailiff

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. William W. W.

Address, 27311 Lombard St

Remarks,

under a charge of a physician or other person who shall be responsible for the correctness of the information furnished. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), (sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within the time specified, and the practitioner shall be held responsible for the correctness of the information furnished. If a child shall die without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 28th 1884*
4. Place of Birth (Street and Number) *St Henry & near Parish*
5. Full Name of Mother *Louise Reilly*
6. Mother's Maiden Name *Eckman*
7. Mother's Birthplace *Balt - Md*
8. Full Name of Father *John E Reilly*
9. Father's Occupation *Boiler Maker*
10. Father's Birthplace *Balt - Md*
Name of Medical Attendant, or other Person who makes this Return. *Wm D Larkins M.D.*
Address *204 N Eilman St*
Remarks *Still Born*



76074

[illegible]

- DEC 22 1964

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) male Child

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Dec 21, 1884

4. Place of Birth, (Street and Number) 115 - Vincent alley

5. Full Name of Mother, Mary Foote

6. Mother's Maiden Name, Mary Roberson

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Charles Foote

9. Father's Occupation, Balto Co

10. Father's Birthplace, Hard Carriers

Name of Medical Attendant, Mary C. Zeller
or other Person who makes this Return

Address, No 11 Woodley St

Remarks,

This schedule shall contain a list of the births which have occurred since the last preceding report, and shall be filled out by the Registrar of Health, or by the person who has charge of the birth register, and shall be submitted to the Board of Health, in the form of a report, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a person duly licensed by the Board of Health, the birth of such child shall be reported to the Board of Health, in the manner, and within the period of time, and by the person or persons who shall hereafter fail to comply with the provisions of this schedule, and any person or persons who shall hereafter fail to comply with the provisions of this schedule, shall be liable to a fine of ten dollars for each offence, to be recovered at other times and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, race or color, date of birth, place of birth, and the name of the mother. The schedule shall be forwarded to the Office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending the mother to file a certificate of birth of such child with the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22nd of December 1884*
4. Place of Birth, (Street and Number) *57 North Lexington Street*
5. Full Name of Mother, *Minnie McAnahan*
6. Mother's Maiden Name, *Minnie McAnahan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Michael*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Lucretia Kunkel*
- Address, *11 North Chapel Street for Lucretia Kunkel*
- Remarks, *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Eleventh (11)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 14th 84

4. Place of Birth (Street and Number)

231 E Madison St

5. Full Name of Mother

Elizabeth Armstrong

6. Mother's Maiden Name

Mc Bay

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas Armstrong

9. Father's Occupation

Police Officer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Wm Rutledge

Address

108 Airguth St

Remarks

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth occurring in the city of Baltimore, and shall file the same in the office of the Registrar of Vital Statistics, Baltimore City. This register shall contain the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if it occurs within the city of Baltimore. It shall be the duty of the Registrar to cause the birth of any child to be reported to him by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any neglect to do so shall be deemed a violation of the law, and the person so neglecting shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 6th

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... white race

3. Date of Birth..... December the 15th

4. Place of Birth, (Street and Number)..... Baltimore Cooksey St. N.B. 12

5. Full Name of Mother,..... Mary grever

6. Mother's Maiden Name,..... allen

7. Mother's Birthplace,..... Baltimore

8. Full Name of Father,..... John grever

9. Father's Occupation,..... labour

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return,..... Elizabeth Luthern

Address,..... William St. N.B. 304

Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76080

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

December 17th 1884

4. Place of Birth (Street and Number)

318 Danvale St

5. Full Name of Mother

Virginia Lee Duvall

6. Mother's Maiden Name

Dare

7. Mother's Birthplace

Calvert City Md

8. Full Name of Father

Henry Duvall Jr

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Julius Hall MD

Address

317 Mosher St

Remarks

10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

and shall enter the same in their records to be furnished to the Commissioner of Health. This schedule shall contain the names of all children who have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child if any child have been conferred, in sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Commissioner of Health in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner as this section shall be subjected to the apoc ten (10) dollars per child, agree to be recovered as other fees and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *Dec 21st / 84*
4. Place of Birth (Street and Number) *Ledenhall st No 10 Baltimore*
5. Full Name of Mother *Sarah Staniford*
6. Mother's Maiden Name *Sarah Staniford*
7. Mother's Birthplace *Cambridge Md*
8. Full Name of Father *James Staniford*
9. Father's Occupation *Cook*
10. Father's Birthplace *Cambridge Md*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Mrs Francis Granby*
- Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child (if any shall have been conferred), in sex, color the full name and occupation of the parents, the date and place of birth, and the said schedule shall be returned to the Commissioner of Health by the person or persons who shall have been notified to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the said requirements, shall be subject to the fine of ten (\$10) dollars for each infraction to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 22^d 1884 Waverly

4. Place of Birth, (Street and Number) Heath street 2 doors from

5. Full Name of Mother, Lizzie Crawford

6. Mother's Maiden Name, Lizzie Irvin

7. Mother's Birthplace, Ohio

8. Full Name of Father, George Crawford

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 658 Charles st

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2, second*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 18-1884.*

4. Place of Birth, (Street and Number) *125 Conway st.*

5. Full Name of Mother, *Katharina Vogel*

6. Mother's Maiden Name, *Katharina Wick*

7. Mother's Birthplace, *Bavaria, Germany*

8. Full Name of Father, *Philipp R. Vogel*

9. Father's Occupation, *Brass Metall Plater*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *W. Hunigunda Schlifer*

Address, *20 Columbia Ro.*

Remarks,

NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

76086

HEALTH DEPARTMENT
DEC 22 1884
BALTIMORE MD.

[illegible]

- #2 Sterling St

[Faint handwriting on lined paper]

1. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

[illegible]

under whom charges or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its mother, the date of its birth, the date of its registration, the name of the physician or midwife, and the name of the person who shall hereafter be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (~~state whether male or female~~) *Blanche Little*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th Oct 1884*
4. Place of Birth, (Street and Number) *48 Little George St*
5. Full Name of Mother, *Isabella Little*
6. Mother's Maiden Name, *Steerer*
7. Mother's Birthplace, *Ma*
8. Full Name of Father, *Harry M Little*
9. Father's Occupation, *Lawyer*
10. Father's Birthplace, *Ma*

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

E W Danner
83 Carter St.
48 Little George St

76088

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a full and complete list of all children born in the city of New York, and shall be filled out by the practitioner in the form of a certificate between the first and third day of each year, every month to the expiration of the year, and shall be submitted to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than five dollars, and shall be subjected to the order of the (1) and (2) and (3) and (4) and (5) and (6) and (7) and (8) and (9) and (10) and (11) and (12) and (13) and (14) and (15) and (16) and (17) and (18) and (19) and (20) and (21) and (22) and (23) and (24) and (25) and (26) and (27) and (28) and (29) and (30) and (31) and (32) and (33) and (34) and (35) and (36) and (37) and (38) and (39) and (40) and (41) and (42) and (43) and (44) and (45) and (46) and (47) and (48) and (49) and (50) and (51) and (52) and (53) and (54) and (55) and (56) and 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[Signature]

White

Oct. 20th 1884

478 Inverse H. St.

11
Susanna Diegelmann

..... *A. Mass*

German

Mary Pickman

Charles

Baltic. W. 21

rho
n

James Douglas Kilpatrick

\$182 @ Woodmont St.

Wm. D. Gillquist
#182 E. Wood Street St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

3. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

[illegible]

7690

[illegible]

7th

Wm. L. ...

White

Ирландия 1854

127 Kingswell St.

Practical Theology

Millington

Leicester Pa.

across the bank

Good Hygiene

Buller. Appd.

Walter Lloyd
Jesse Deane Kellogg

1820

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 76092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *No. 038 Light st*
4. Place of Birth, (Street and Number) *December 19th 1884.*
5. Full Name of Mother, *Lizzie Reinhardt*
6. Mother's Maiden Name, *Lizzie Wengert*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frederick Reinhardt*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Catharine Hornung*
- Address, *No. 18 Bayrd st.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Dec 1888

4. Place of Birth, (Street and Number) 324 Duane St

5. Full Name of Mother, Mary Kolbert

6. Mother's Maiden Name, Marj Kelly

7. Mother's Birthplace, Polonia

8. Full Name of Father, Is. Kolesky

9. Father's Occupation,..... Laborer

10. Father's Birthplace,..... *Bohemia*

Name of Medical Attendant, or other Person who makes this Return, *May, K. E. L. H.*

Address: 691 Marlborough St.

Remarks, _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Dark complexion*
3. Date of Birth, *December 20th 1884*
4. Place of Birth, (Street and Number) *23 Sharp St., AL*
5. Full Name of Mother, *Alice Dickson*
6. Mother's Maiden Name, *" Steel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Alfred Dickson*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*
- Address, *6 Hamilton St*
- Remarks,

7596

Under no charge or superintendence, a birth shall hereinafter be made, and the mother and child, and shall remain the same on a black schedule to be furnished by the Commissioner of Health. This schedule will contain a record of the date which has occurred under the proper care during the month, and the first part of the same will be the same as the birth certificate, and the latter part will be the same as the death certificate. The date and place of birth, and the said schedule shall be delivered, duly signed by the practitioners in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the certificate between the mother and child, should be lost, it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of not less than \$50, nor more than \$100, and such officers to be recovered, as other fines and forfeitures are recoverable.

Remarks.

NOTICE

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was received in the same
condition and microfilmed
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Every effort was made to
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under whose charge or supervision a child shall be received, or who shall be the parent, shall keep a true and correct register of such births, and shall file the same with the Registrar of Births, who shall keep a true and correct register of such births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Registrar of Births, who shall keep a true and correct register of such births, and the said schedule shall be subject to the order of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Orkate

3. Date of Birth, 21 Dec 1888

4. Place of Birth, (Street and Number) 29 Dutton St

5. Full Name of Mother, Carlina Teas

6. Mother's Maiden Name, Daklan J. Lenker

7. Mother's Birthplace, Potomac

8. Full Name of Father, Joseph Teas

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Potomac

Name of Medical Attendant, or other Person who makes this Return, Mary Kipton

Address, 69 S. Washington St

Remarks, Mary Kipton

under whose charge or superintendence birth shall hereafter take place, shall keep a true and correct register of each birth of the child, and shall forward the same to the Registrar of Vital Statistics, Baltimore City, within the month of January following the birth of the child. This register shall contain a true and correct statement of the date, hour, place, sex, color, and the name of the mother, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within the month of January following the birth of the child. The birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 Dec 1898

4. Place of Birth, (Street and Number) 248 Dunbar St

5. Full Name of Mother, Mary Keating

6. Mother's Maiden Name, Mary McKee

7. Mother's Birthplace, Bellevue

8. Full Name of Father, John Keating

9. Father's Occupation, Laborer

10. Father's Birthplace, Bellevue

Name of Medical Attendant, or other Person who makes this Return, Mary Keating

Address, 67 N. Washington St

Remarks, Mary Keating

under a bond charge or surety, and a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been born, the sex, color, the date of birth, the date of registration, the date of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child, to report the same to the Commissioner of Health, and to file a copy of the same in the office of the Commissioner of Health, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Dec 1854
4. Place of Birth, (Street and Number) 259 E. Bond and Alexander
5. Full Name of Mother, Emi Georg
6. Mother's Maiden Name, Emi Bartali
7. Mother's Birthplace, Germany
8. Full Name of Father, Heinrich Georg
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Kiptest

Address, 69 N. Washington St

Remarks, Mary Kiptest

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22 1884
4. Place of Birth, (Street and Number) 182 North Schroeder St
5. Full Name of Mother, Alice Bensall Landragan
6. Mother's Maiden Name, Alice Bensall
7. Mother's Birthplace, Baltimore cy
8. Full Name of Father, James J Landragan
9. Father's Occupation, Merchant
10. Father's Birthplace, B. Cit
- Name of Medical Attendant, or other Person who makes this Return Edw. Hill M.D.
- Address, Calhoun + E. Schroeder Ave
- Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of the child, the names of the mother and father, the date of birth, the sex, the race or color, the place of birth, the name of the medical attendant, and the name of the person who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Dec 1884

4. Place of Birth, (Street and Number) 379 Washington St

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, Miller Miller

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Keplert

Address, 379 Washington St

Remarks, Mary Keplert

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, race or color, date of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male ✓

2. Race or Color, (if not of the white race) White ✓

3. Date of Birth, 23 Dec 1894 ✓

4. Place of Birth, (Street and Number) 1549 Leroy St ✓

5. Full Name of Mother, K. Havinba ✓

6. Mother's Maiden Name, K. Havinba ✓

7. Mother's Birthplace, Btania ✓

8. Full Name of Father, J. Havinba ✓

9. Father's Occupation, Shoemaker ✓

10. Father's Birthplace, Btania ✓

Name of Medical Attendant, or other Person who makes this Return, Mary Kipfel

Address, 69 N. Washington St

Remarks, Mary Kipfel

under whose charge or Superintendence a birth shall hereafter take place, shall keep, issue and deliver to the Registrar of Births and Deaths a Return of Birth, as a blank form attached to this certificate shall contain a statement of the date and place of birth, and the name of the child, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this Return, and the name of the person who reports the birth to the Registrar of Births and Deaths, and the name of the person who is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Registrar of Births and Deaths, in the manner and within the period above specified, and every person who fails to do so shall be subject to the fine of ten (10) dollars for each person to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

DEC 25 1894

Dec 17 1894

1639D Charles St

Margarette Schmitt

Schmitt

Admission

William Schmitt

Wood Turner

America

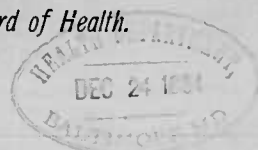
J. Schmitt midwife

336 Hanover St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Mulatto

3. Date of Birth

Dec. 17/84

4. Place of Birth (Street and Number)

40 Diamond St.

5. Full Name of Mother

Marta Johnson

6. Mother's Maiden Name

" Leonard

7. Mother's Birthplace

Eastern Pror.

8. Full Name of Father

Lewis Johnson

9. Father's Occupation

Laborer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Rides

Address

190 - N. Fremont St.

Remarks

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank form provided for that purpose, and shall file the same in the office of the Registrar of Vital Statistics, and shall enter the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 15 1884

4. Place of Birth, (Street and Number)

2 Johnstown Dr

5. Full Name of Mother,

Ellen Hammen

6. Mother's Maiden Name,

Ellen Freebayer

7. Mother's Birthplace,

Washington, D.C.

8. Full Name of Father,

John Hammen

9. Father's Occupation,

Knickerbocker

10. Father's Birthplace,

Md

Name of Medical Attendant, or other Person who makes this Return

H. B. B. M. M. M.

Address,

50 Hammen Dr

Remarks,

76110

6th

Female

Figure 1. The effect of the concentration of the solution on the adsorption of the dye. The concentration of the solution was 0.01, 0.02, 0.03, 0.04, 0.05, 0.06, 0.07, 0.08, 0.09, 0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0, 1.5, 2.0, 3.0, 4.0, 5.0, 6.0, 7.0, 8.0, 9.0, 10.0, 15.0, 20.0, 30.0, 40.0, 50.0, 60.0, 70.0, 80.0, 90.0, 100.0, 150.0, 200.0, 300.0, 400.0, 500.0, 600.0, 700.0, 800.0, 900.0, 1000.0, 1500.0, 2000.0, 3000.0, 4000.0, 5000.0, 6000.0, 7000.0, 8000.0, 9000.0, 10000.0, 15000.0, 20000.0, 30000.0, 40000.0, 50000.0, 60000.0, 70000.0, 80000.0, 90000.0, 100000.0, 150000.0, 200000.0, 300000.0, 400000.0, 500000.0, 600000.0, 700000.0, 800000.0, 900000.0, 1000000.0, 1500000.0, 2000000.0, 3000000.0, 4000000.0, 5000000.0, 6000000.0, 7000000.0, 8000000.0, 9000000.0, 10000000.0, 15000000.0, 20000000.0, 30000000.0, 40000000.0, 50000000.0, 60000000.0, 70000000.0, 80000000.0, 90000000.0, 100000000.0, 150000000.0, 200000000.0, 300000000.0, 400000000.0, 500000000.0, 600000000.0, 700000000.0, 800000000.0, 900000000.0, 1000000000.0, 1500000000.0, 2000000000.0, 3000000000.0, 4000000000.0, 5000000000.0, 6000000000.0, 7000000000.0, 8000000000.0, 9000000000.0, 10000000000.0, 15000000000.0, 20000000000.0, 30000000000.0, 40000000000.0, 50000000000.0, 60000000000.0, 70000000000.0, 80000000000.0, 90000000000.0, 100000000000.0, 150000000000.0, 200000000000.0, 300000000000.0, 400000000000.0, 500000000000.0, 600000000000.0, 700000000000.0, 800000000000.0, 900000000000.0, 1000000000000.0, 1500000000000.0, 2000000000000.0, 3000000000000.0, 4000000000000.0, 5000000000000.0, 6000000000000.0, 7000000000000.0, 8000000000000.0, 9000000000000.0, 10000000000000.0, 15000000000000.0, 20000000000000.0, 30000000000000.0, 40000000000000.0, 50000000000000.0, 60000000000000.0, 70000000000000.0, 80000000000000.0, 90000000000000.0, 100000000000000.0, 150000000000000.0, 200000000000000.0, 300000000000000.0, 400000000000000.0, 500000000000000.0, 600000000000000.0, 700000000000000.0, 800000000000000.0, 900000000000000.0, 1000000000000000.0, 1500000000000000.0, 2000000000000000.0, 3000000000000000.0, 4000000000000000.0, 5000000000000000.0, 6000000000000000.0, 7000000000000000.0, 8000000000000000.0, 9000000000000000.0, 10000000000000000.0, 15000000000000000.0, 20000000000000000.0, 30000000000000000.0, 40000000000000000.0, 50000000000000000.0, 60000000000000000.0, 70000000000000000.0, 80000000000000000.0, 90000000000000000.0, 100000000000000000.0, 150000000000000000.0, 200000000000000000.0, 300000000000000000.0, 400000000000000000.0, 500000000000000000.0, 600000000000000000.0, 700000000000000000.0, 800000000000000000.0, 900000000000000000.0, 1000000000000000000.0, 1500000000000000000.0, 2000000000000000000.0, 3000000000000000000.0, 4000000000000000000.0, 5000000000000000000.0, 6000000000000000000.0, 7000000000000000000.0, 8000000000000000000.0, 9000000000000000000.0, 10000000000000000000.0, 15000000000000000000.0, 20000000000000000000.0, 30000000000000000000.0, 40000000000000000000.0, 50000000000000000000.0, 60000000000000000000.0, 70000000000000000000.0, 80000000000000000000.0, 90000000000000000000.0, 100000000000000000000.0, 150000000000000000000.0, 200000000000000000000.0, 300000000000000000000.0, 400000000000000000000.0, 500000000000000000000.0, 600000000000000000000.0, 700000000000000000000.0, 800000000000000000000.0, 900000000000000000000.0, 1000000000000000000000.0, 1500000000000000000000.0, 2000000000000000000000.0, 3000000000000000000000.0, 4000000000000000000000.0, 5000000000000000000000.0, 6000000000000000000000.0, 7000000000000000000000.0, 8000000000000000000000.0, 9000000000000000000000.0, 10000000000000000000000.0, 15000000000000000000000.0, 20000000000000000000000.0, 30000000000000000000000.0, 40000000000000000000000.0, 50000000000000000000000.0, 60000000000000000000000.0, 70000000000000000000000.0, 80000000000000000000000.0, 90000000000000000000000.0, 100000000000000000000000.0, 150000000000000000000000.0, 200000000000000000000000.0, 300000000000000000000000.0, 400000000000000000000000.0, 500000000000000000000000.0, 600000000000000000000000.0, 700000000000000000000000.0, 800000000000000000000000.0, 900000000000000000000000.0, 10000000

2/5/82

Dec 15/82

47. *A. P. ten. Sh.*

Sarah J. Nagy

u u *John*

Letter

Albert E. Cazy

Monksden

(Handwritten signature)

Ans Dr. Glaxie

.....

W. H. HOLT & CO., 147 N. 2ND ST., PHILADELPHIA, PA.

NOTICE

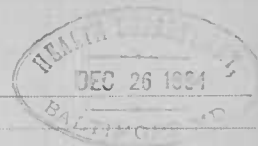
The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 18th 1884

4. Place of Birth, (Street and Number)

David Hill Avenue Robert Street

5. Full Name of Mother,

Ida Sebron

6. Mother's Maiden Name,

Ida Strasbaugh

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Sebron

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Saml. Powell M.D.

Address,

24 Argonne Street

Remarks,

76715

[illegible]

2nd

Miss

re)

alce 9th 88

Edw. Peter & Co

Emilia Stoll

u *Bmlll*

Frederick Pa

Chas Stoll

Clark

City

City
No 10 Lake Mrs

or other Person who
makes this Return

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of such child (if any) shall have been conceived, the date of delivery, the date of birth, the sex, the race or color, the place of birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall be set forth within the said schedule the name of the mother or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) *Pub*

2. Race or Color, (if not of the white race) *Wet*

3. Date of Birth 21 December 1884

4. Place of Birth, (Street and Number) *Gitts Street 41*

5. Full Name of Mother, *Rosie Menger*

6. Mother's Maiden Name, *Haecker*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Ronald Menger*

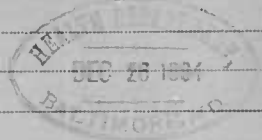
9. Father's Occupation, *Wool Man*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return. 11

Address, *Marline February 1885 City of B.*

Remarks,



7618

RECEIVED
DEC 21 1964
FBI - BALTIMORE

RECEIVED
DEC 21 1964
FBI - BALTIMORE

Female

6. 10. 11

Banick. Lied 22

1005 - at 2 o'clock

70 Chestnut St

Hester Blunck

Hearts & Flowers

R. W. ...

John Vance, SD 1 to 1

Bar L
P 2

1-02
002

Baltimore

Fla. Meel

5 folles

under a false charge or superintending a birth, shall keep a true and correct register of such births, and shall enter the name on a birth schedule to be furnished by the Commissioner of Health. This schedule shall contain a column for the date of birth, the name of the mother, the name of the physician, the sex of the child, the date and place of birth, and the weight of the child at birth. The schedule shall be kept in the house of the mother, and shall be produced to the Commissioner of Health, or his authorized agent, at any time he may require it. The schedule shall be retained for a period of one year after the date of birth, and shall be destroyed thereafter. Any person who fails to keep a true and correct register of such births, or who fails to enter the name of the mother, the name of the physician, the sex of the child, the date and place of birth, and the weight of the child at birth, on the birth schedule, shall be liable to a fine of not more than five dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who fails to produce the birth schedule to the Commissioner of Health, or his authorized agent, at any time he may require it, shall be liable to a fine of not more than five dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who fails to retain the birth schedule for a period of one year after the date of birth, or who fails to destroy it thereafter, shall be liable to a fine of not more than five dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth shall be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 22, 1894*

4. Place of Birth, (Street and Number) *1400 N. 1st St.*

5. Full Name of Mother, *Susanna Lang*

6. Mother's Maiden Name, *Susanna Schneider*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *John Lang*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Balt^{ic} City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *1 Dallas St. 1926*

Remarks,

76120

Dec. 24th 1884.

3rd.

Wm. H. Miller

White

Dec. 23rd 1887:

289 Bank St.

Katie Moller.

e, Mattie Goeder

America.

Charles Moller.

Engineer.

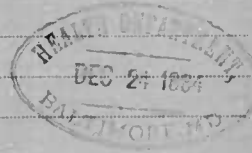
merica.

Mrs. Mary Amend.

No. 137 S Wolfe St.

215

John Murphy & Co., City Printers and Stationers.



76721

under some charge or supervision for a birth shall heretofore take place, and keep in the same place, until the child is delivered. This schedule shall contain a list of the births which have occurred in the hospital, and shall be kept in the office of the Commissioner of Health. This schedule shall contain the name of the mother, the date of delivery, the sex, color, the full name and occupation of the parents, the date and place of birth, and the place where the child has been delivered. It shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, and the practitioner of midwifery or should no other person be present, by the midwife, immediately thereafter. It shall become the duty of the person or persons of such child, to report to birth to the Commissioner of Health, in the manner and within the time here required, and any person who fails to do so, shall be subject to a fine of ten (\$10) dollars and costs, and forfeitures are recoverable.

1. The child

2. m. c. b.

~~DEC 25 1934~~

Dec. 23 - 1884

No. 81 Guttman's Alley

Edw. Leonard

Sharden

Chenopodium

William Leonard

Ireland

Barre.

L. Schwaerer midwife

330 Hancock

under the charge of Superintendent of the City of Baltimore, and shall be returned to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or the person who shall be present at the birth, shall report the same to the Commissioner of Health, and shall report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be present at the birth, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st Child

Female

DEC 5 1884

Dec 29, 1884

No. 3 Peace St

Lina Miller

Wagner

America

George Miller

Cooper

America

J. Schwager midwife

320 Hunover St

76123

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

- DEC 26 1961

76524

7

Ma.

Ma.

Sept 20th / 82

99. *H. petersi*

Isiah C. Leppner

u u Norman
ET

City

Joseph C. Leppner

Fennell (BVC)

006

Морской

B. REPT & CO., CITY PRINTERS AND STATIONERS.

76125

[illegible]

300
Male

Mr _____

THE UNIVERSITY OF CHICAGO

Sept 29th 1882

-270 J. P. C. 1855

Nettie (Alphonse)

Becken

Germany

John Caldwell

— *Chrusc*

England

England
M. D. Blake

[illegible]

26726

[illegible]

4th

Female

3. *Date of Birth.*

Act 2 m 7884

717 Ann Arbor, Mich

Emma Bonfustagen

in *Stellingsma*

City

Jesse Londonwayer

Conductor (6070)

Genl
Mrs A T Blake

Mr. J. H. Baker

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th birth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 25th

4. Place of Birth (Street and Number)

52 Barre St. Nr Columbia Ave.

5. Full Name of Mother

Mrs. Rosella Driscoll

6. Mother's Maiden Name

Dorey

7. Mother's Birthplace

Charles C. Md.

8. Full Name of Father

Jno. Driscoll

9. Father's Occupation

Bar-tender

10. Father's Birthplace

Cork, Ireland

Name of Medical Attendant, or other Person who makes this Return.

H. W. Weber M.D.

Address

298 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

76129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *25th December 1884 at 1 P.M.*
4. Place of Birth (Street and Number) *101 Dorland Alley*
5. Full Name of Mother *R. Hedwick*
6. Mother's Maiden Name *R. Blake*
7. Mother's Birthplace *D. A. Co. Md.*
8. Full Name of Father *Thomas Hedwick*
9. Father's Occupation *Boiler*
10. Father's Birthplace *Fredrick City - Md.*
Name of Medical Attendant, or other Person who makes this Return. *C. C. Richardson M.D.*
Address *Lombard & Fremont Streets*
Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 25th 1884

4. Place of Birth, (Street and Number)-

58th Lexington Street

5. Full Name of Mother,

Hannah Rosenthal

6. Mother's Maiden Name,

Hannah Goldstein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Rosenthal

9. Father's Occupation,

Scholar

10. Father's Birthplace,

Connecticut

Name of Medical Attendant,

or other Person who makes this Return

Samuel H. Howell M.D.

Address,

29th Asquith Street

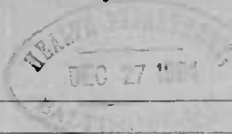
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

76131

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 26th 1904
4. Place of Birth, (Street and Number) 6 S Poppleton St.
5. Full Name of Mother Kali Miller
6. Mother's Maiden Name Archibald
7. Mother's Birthplace Scotland
8. Full Name of Father George Miller
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Huff
- Address 200 N. E. Baltimore Ave
- Remarks

under a license charge or Superintendence, a birth shall be recorded before the child shall be a year and correct register of such birth shall be maintained by the Commissioner of Health. This schedule shall contain a list of the birth, which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of medicine, or of the nurse, attending the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such persons to report the birth to the Commissioner of Health, in the manner and form provided for in this section, and the same shall be subject to the Commissioner of Health, in the manner and form provided for in this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

76132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday, Dec. 4th, 1884

4. Place of Birth, (Street and Number) 195 N. 1st St.

5. Full Name of Mother, Mary L. Kisser

6. Mother's Maiden Name, Mary L.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William T. Kisser

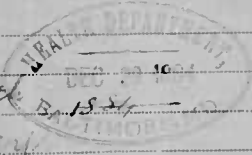
9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Amalie Brange

Address,

Remarks,



under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall file the same with the Registrar of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the person in charge of the birth to the Registrar of Health, in case the birth of any child shall occur without the attendance of a Physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period here provided, and at and for the sum of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

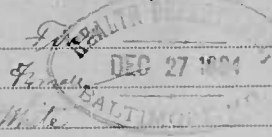
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Dec 5 - 04

53 James Alley.

Annie Schramm

" Conrad

Baltimore ~~Broad~~

Bernard Schramm

Driver

Prussia

Mar. Kish

221 South Eutanys

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall file a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, and the said certificate shall be filed in the office of the Commissioner of Health. The birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10 - 84
4. Place of Birth, (Street and Number) 565 Hanover St
5. Full Name of Mother, Mary Simms
6. Mother's Maiden Name, " Lutz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Simms
9. Father's Occupation, Glass Blower
10. Father's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return Mary Kirk
- Address, 328 North Euterpe St
- Remarks, _____

under a name charge or Superintendence a birth shall be recorded in the office of the Registrar of Vital Statistics, Baltimore City, and the Registrar shall receive a true and correct record of each birth as soon as it is ascertained that the child has been born. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Registrar of Vital Statistics by the person or persons who have attended the birth of the child, or by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or persons of each child, in respect to the birth, to be (consultation of Health, in the manner and within the period also required, and to report the birth to the Registrar of Vital Statistics, Baltimore City, and to pay the fee of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11 - 84

4. Place of Birth, (Street and Number)

36 Ridgely St.

5. Full Name of Mother,

Maggie Muth

6. Mother's Maiden Name,

Schaub

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Muth

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bavaria

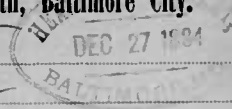
Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address,

328 South Eutaw St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

328 / onko intan / 1-

[illegible]

CERTIFICATE CORRECTED 2-28-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~First~~ Clara May

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 17th 84

4. Place of Birth, (Street and Number)

575 Hanover St.

5. Full Name of Mother,

Elizabeth Mills

6. Mother's Maiden Name,

" Lentz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Enoch Mills

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return,

Mary Koot

Address,

325 North Eutaw St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same in the Office of the Registrar of Vital Statistics, Baltimore City, and shall also file a true and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of not more than \$100, and shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same in the office of the Registrar of Vital Statistics, Baltimore City, and shall retain the same for a period of ten years. The Registrar of Vital Statistics shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, at the expiration of the month in which the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 12 - 84.*

4. Place of Birth, (Street and Number) *10 Hatter Water St.*

5. Full Name of Mother, *Augusta Kapernagel*

6. Mother's Maiden Name, *J. Oepken*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *William Kapernagel*

9. Father's Occupation, *Tavern Keeper*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return, *Wm. Kirk*

Address, *328 North Eutaw St.*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 15 & Dec*

4. Place of Birth, (Street and Number) *Belt Ave*

5. Full Name of Mother, *Annie Weaver*

6. Mother's Maiden Name, *Annie Keller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Weaver*

9. Father's Occupation, *Cutler*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. J. J. J.*

Address, *No 66 Center St. near Calver Ave*

Remarks,

under whose charge or supervision a birth shall be reported, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, Baltimore City, and shall keep a true and correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, the sex, color, by the practitioner in the form of a certificate, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person attending the birth, and any such person report the birth to the Registrar of Vital Statistics, Baltimore City, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2nd Child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *the 18th of Dec*
4. Place of Birth (Street and Number) *Baltimore, 37 Machina Alley*
5. Full Name of Mother *Mrs Annie Mary Buford*
6. Mother's Maiden Name *Miss Annie Mary Shelton*
7. Mother's Birthplace *Clorville, Putnam Co. N.Y.*
8. Full Name of Father *Joseph Harry Daffey*
9. Father's Occupation *Shoe-making*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. A. M. Shelton*
Address *37 Machina Alley, Balt. Md.*
Remarks

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full month and year of its birth, the date and place of birth, and the name of the mother and father, and the name of the physician or midwife attending the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such child, to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and the same shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

GIVEN NAME ADDED 8-2-50
RETURN OF A BIRTH 76142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *John H. Harrison*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 18 1894*
4. Place of Birth, (Street and Number) *542 S. Charles St.*
5. Full Name of Mother, *Dr. Josephine Harrison*
6. Mother's Maiden Name, *" " Bonlang*
7. Mother's Birthplace, *Hendricks, W. Va.*
8. Full Name of Father, *Mark P. Harrison*
9. Father's Occupation, *Miller*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Wooden, Coke, M. H.*
Address, *146 Hammer St. per R.B.*
Remarks,

7614-3

[illegible]

Female

White

Dec 19 1884

226 *Valeriana*

Rose Cohen

Rare Nelson

Richmond Va

Henry Cline

Clerk

Prolet-ary.

Handwritten signature: *A. H. Wood*

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d-*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 19/84*
4. Place of Birth (Street and Number) *441 Woodman St.*
5. Full Name of Mother *Margaret Fuller*
6. Mother's Maiden Name *Lyons*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Robert Fuller*
9. Father's Occupation *Cover*
10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. H. C. Goldsmith, M.D.
Wesley Ave. Calverton



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20th 1884

4. Place of Birth, (Street and Number)

#177 Preston St.

5. Full Name of Mother,

Barbara Hohman

6. Mother's Maiden Name,

Barbara Litz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Hohman

9. Father's Occupation,

Photographer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Robert Wilson.

Address

146 + 152 Park Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race)..... *White Male*

3. Date of Birth, 20 of December 1884

4. Place of Birth, (Street and Number) Baltimore Pratt st 1019 city

5. Full Name of Mother, Mrs. Weaver

6. Mother's Maiden Name, Miss Keger

7. Mother's Birthplace, Boss in Baltimore city

8. Full Name of Father, Mr. Charles Weaver

9. Father's Occupation, Butcher by trade

10. Father's Birthplace, Born in Balliskine

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Miller*

Address, 1017 West Pratt st city

Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 21st 1884.

4. Place of Birth, (Street and Number)

66 St. Paul Street (Belvedere)

5. Full Name of Mother,

Marie Therese Hooper

6. Mother's Maiden Name,

Marie Therese Friedrich

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Frank Brubaker Hooper

9. Father's Occupation,

Manufacturer

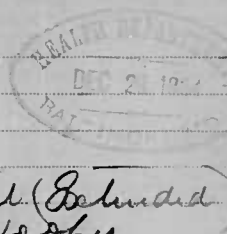
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

140 Park Ave.

Remarks,



76150

Name of child: John Stelman Westhove

Deer Creek

Male

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21st- December

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Amie Hartt

Marie Reed

Ballo City


John W. Horttore

Paris 105

Balti City

Sugar, Hunter.

21 to Poppleton St



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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blanked form provided under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and this said schedule shall be delivered to the Commissioner of Health, in case the certificate between the first and third day after the birth of the child, or the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of refusal or omission to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

76151
GIVEN NAME ADDED 12-15-55
Name: *Hena Siebel*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.). *4th Child*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *January 21st 1884*
4. Place of Birth, (Street and Number) *No 272 S. Broadway*
5. Full Name of Mother, *Mary Siebel*
6. Mother's Maiden Name, *Mary Schöffnerlein*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Gustav Siebel*
9. Father's Occupation, *Handwerker*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufman*
Address, *No 202 S. Dallas St*
Remarks, *No Name.*

and shall certify the date of birth, the name of the child, the name of the mother, the name of the father, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Registrar in the form of a certificate of birth, and the Registrar shall be authorized to require the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 22nd 1882*

4. Place of Birth, (Street and Number) *288 Johnson St*

5. Full Name of Mother, *Elizabeth Ruff*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Ruff*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Wheeler Cook M.D.*

Address, *146 Hancock*

Remarks, *per 23*

7/1/53

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2nd Child

girl

White
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race) *Lebanon 23 Dec 1947*

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Schimm, Will

Baltimore

Shan Harmon

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Baltimore

Friederike Haefliger

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SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license or Superintendence a birth shall hereafter also be required to keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and the said person or persons shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

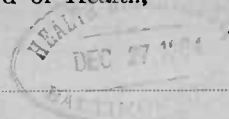
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *December 22, 1900*
4. Place of Birth, (Street and Number) *Baltimore Howard St. No. 488*
5. Full Name of Mother, *Ida J. Dumes*
6. Mother's Maiden Name, *James*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Dumes*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hawthorn*
- Address, *William St. No. 94*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 of Dec 1884

4. Place of Birth, (Street and Number)

44 S. Stricker on Pratt

5. Full Name of Mother,

Dena Cole

6. Mother's Maiden Name,

Dena Miller

7. Mother's Birthplace,

Pikesville.

8. Full Name of Father,

Charles D. Cole

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return

A. H. Goodman M.D.

Address.

44 S. W. Lombard St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 December
4. Place of Birth, (Street and Number) 95 Washinton St
5. Full Name of Mother, Mary Pechlman
6. Mother's Maiden Name, Mary Stout
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Pechlman
9. Father's Occupation, Master
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, J. Emma Glasgow
or other Person who makes this Return.
- Address, McKeldry St
- Remarks, no good as can be expected



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John Murphy & Co., City Printers and Stationers.

under whose charge or supervision the birth of the child has occurred, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, Baltimore City, and shall retain the same for as long a period as the Registrar of Vital Statistics may require. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child have been conceived, born, or died during the month), the date and place of birth, and the date and place of death, and shall be signed by the practitioner in the form of a certificate, and shall be filed with the Registrar of Vital Statistics, Baltimore City, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons present at the birth to report the same to the Registrar of Health, in the manner and form provided by the Registrar of Health, and every such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

born Jan 24th 1899

4. Place of Birth, (Street and Number)

No 268 S. Carlein St

5. Full Name of Mother,

Annie Kestler

6. Mother's Maiden Name,

Annie Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Andrew Kestler

9. Father's Occupation,

Booker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address,

No 202 S. Dallas St

Remarks,

Hebume

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Name: Louis Christian Beckhusen

5th Child

- 41

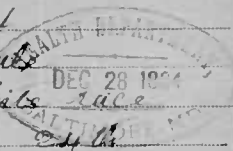
John Wiley & Sons, Inc.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the items which have been required to be recorded by the law, and shall be filled out by the person in charge of the birth, or by the parent, or by the physician, or by the midwife, or by the nurse, or by the attendant, or by the person who makes the return, or by the person who reports the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth December the 28th
4. Place of Birth, (Street and Number) Baltimore Light St No 44
5. Full Name of Mother, Harriet Krebs
6. Mother's Maiden Name, McCabe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W Krebs
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Shulborn
- Address, William St No 344
- Remarks, _____



7/16/44

[illegible]

11 Feb

Male

White

Dec -th 24 1884

no. 144 Chapel St

Mary E. Powell

James

Baltimore

Robert South

Hamlets

Baltimore

Sarah P Harrington

no 387 Eastern A.



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Dec 26th 1884

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Mrs. Mary Amend.

Remarks,

John Murphy & Co., City Printers and Stationers,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 25th Dec*
4. Place of Birth, (Street and Number) *Belister st near Oliver st*
5. Full Name of Mother, *Annie Goss*
6. Mother's Maiden Name, *Annie Goss Kelt*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Goss*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Brown*
- Address, *No 6 Belister st near Oliver st*
- Remarks,

under whose charge or Superintendence a birth shall have occurred, shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate of birth, to the Registrar of Vital Statistics, Baltimore City, at the office of the Registrar, at the City Hall, Baltimore, Maryland, on or before the first day of the month following the month in which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or absent on other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner prescribed within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered at other laws and ordinances are recoverable.

RETURN OF A BIRTH

76169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25th of December 1904*

4. Place of Birth, (Street and Number) *379 East Fayette Street*

5. Full Name of Mother, *Sophie Kraus*

6. Mother's Maiden Name, *Sophie Bachman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Anton Bachman*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Cecilia Kunkel*

Address, *11 North Chapel Street*

Remarks, *X Delict*

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advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

8

male

White

26th of December,

My dear

G. H. Clement

Crataegus

Immense city

Robert C. McLean

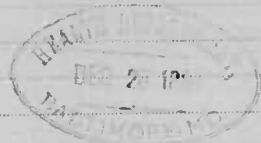
First, Learn to

Baltimore Md

or other Person who
makes this Return

Birthplace, Waltham, Mass.
Medical Attendant, or other Person who makes this Return June E. Bliss
19396 Hartford Ave

Remarks.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

76172
The 1st Child

male

white

the 28th of Dec.

No. 7 Madeira

Mrs. Cath. T. T. T.

Miss Cath. T. T. T.

Baltimore Md

William Barth. T. T. T.

Stone Moulder

Cincinnati Ohio

Mrs. Ch. M. T. T.

37 Madeira

Baltimore Md

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth.....Dec. 26th m. 84

4. Place of Birth, (Street and Number)..... *Maternity Hospital*

5. Full Name of Mother, *Fannie Young*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Mo.*

8. Full Name of Father, _____

9. Father's Occupation,.....

10. *Father's Birthplace.* _____

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

[illegible]

John Murphy & Co. City Printers and Stationers.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule in the form hereunto annexed, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and shall also enter on the said schedule a certificate between the first and third day of each and every month of the year, in which month or months the birth of any child has taken place, and the name of the person or persons who have been present at the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the name of the mother, the name of the child, the date and place of birth, and the date and place of death, if the child shall die within the year, and shall also enter the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, if the child shall die within the year, and shall also enter the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

Dec 10 - 1885

24 S. E. Gay St

Emma Teegmuller

Porter

Balt

Laurena Teegmuller

Bird Day or

Balt

D. Street M.D.

149 N. Calver St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male ~~or~~ Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 17th 9.*

4. Place of Birth (Street and Number) *12^{1/2} N. Columbia*

5. Full Name of Mother *Theresa Dorney*

6. Mother's Maiden Name *Theresa Conaty*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father *John Dorney*

9. Father's Occupation *Policeman*

10. Father's Birthplace *Alexandria Va.*

Name of Medical Attendant, or other Person who makes this Return. *John D. Loomis M.D.*

Address *S.W. Calvert & Read Sts.*

Remarks



76177

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 23 1924
BATHING

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
(state whether Male or Female)
(if not of the white race).

No. of Child of Mother (state whether Male or Female)

3. Date of Birth

4. Place of Birth ()
5. Full Name of Mother
Maiden Name

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Place

9. Father's Occupation

Father's Birthplace
Name of Medical At

Address

Remarks

id, &c.)

December 18th 1884

Eager Bond M

Marion L Pearce.

" Miller M'd

Joseph C. Pearce

Whipmaker

Batto M'd

J. Ridgway Andre M'd

121 E Batts st

Other Person who
is Return.

or other Person who
makes this Return

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

December 18th 1884
Cager Near Bond st
Marian L Pearce.
" " Miller
Batto Md
Joseph L Pearce
Whip maker
Batto Md
J. Ridgway Andre M D
121 E Bacto st

7679

of foetuses, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and accurate register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up as far as the same may be ascertained, both full names of any child or children, and shall be preserved as long as the same shall be necessary for the purpose of ascertaining the pedigree of the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the child should not survive, the practitioner shall so certify, and shall also certify whether the child was born dead, or should an other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents at each child to report to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable, and

104

- Whit
Sept 20 184
Co S. Oregon &
Sarah Flannery
Glenwood
Died
at Flannery
Sept 20 184
Died

357 H. Lombard

Remarks.

SECTION 11. — It is further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall file the same with the Registrar of Vital Statistics, who shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, who shall file the same in the office of the Registrar of Vital Statistics. No birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of five (5) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8 Children*

1. Sex, (state whether male or female) *white female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *22 of December 1884*

4. Place of Birth, (Street and Number) *No. 4. Grove Street*

5. Full Name of Mother, *A. Manda Pilker*

6. Mother's Maiden Name, *Mrs. Manda Pilker*

7. Mother's Birthplace, *Clark County Pa*

8. Full Name of Father, *Michel Pilker*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Birth Place Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Walery*

Address, *C/o 12 Patterson Park, an*

Remarks,

under whose charge or superintendence a birth shall hereafter take place, and every person attending midwifery in the City of Baltimore and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its mother, and the date and place of birth, and the sex, color, the full name and occupation of its father. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 23. 1884.

4. Place of Birth, (Street and Number)

423 W. Baltimore St.

5. Full Name of Mother,

Helen Alfred Smith

6. Mother's Maiden Name,

Alford

7. Mother's Birthplace,

N.Y. City N.Y.

8. Full Name of Father,

Robert H. Smith

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return

Alfred Wauchope, M.D.

Address,

228 N. Eutaw St -

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall say, forth and true, that the same contain a true and correct statement of the facts therein stated, and shall sign the same, and shall file the same with the Commissioner of Health, who shall ascertain the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, to cause the same to be entered in the records of the Office of the Commissioner of Health, and for the purpose of ascertaining the same, and be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... white race

3. Date of Birth..... December the 24

4. Place of Birth, (Street and Number)..... Baltimore fort du day

5. Full Name of Mother,..... Mags Keimig

6. Mother's Maiden Name,..... Bierliem

7. Mother's Birthplace,..... germaney

8. Full Name of Father,..... peter Keimig

9. Father's Occupation,..... Carpenter

10. Father's Birthplace,..... germaney

Name of Medical Attendant, or other Person who makes this Return..... Elisabeth Hather

Address,..... william st. 634

Remarks,.....

761821

RECEIVED
DEC 22 1934

411

11. 12. 13. 14. 15.

or other Person who
makes this Return

Harry Lake.

P. FISK & CO., CITY PRINTERS AND STATIONERS.

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the birth which have occurred under his or her care during the year, and shall be filled out by the physician, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or persons who shall be present at the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

761.85

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *25 of December 1884*

4. Place of Birth, (Street and Number) *Nodaria alley 156*

5. Full Name of Mother, *Labina Wiedeman*

6. Mother's Maiden Name, *Labina Schmott*

7. Mother's Birthplace, *Pintin and Bager*

8. Full Name of Father, *Philipps Wiedeman*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bachhagel in Bagerm*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Wiley*

Address, *No 12 Patterson Park av*

Remarks,

76786

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

There are lo

Colon

Dec 26 1824

31/ Bruce A.

Monterine Chernik

Estherine Farnham

Harlow Co Gust

At Good Evening

W. L. P.

Buckner

Chen

other person who makes this return.

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 26 December 1899

4. Place of Birth (Street and Number) Baltimore Chesapeake St.

5. Full Name of Mother Mary Brine

6. Mother's Maiden Name Mary Conroy

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Conroy

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return John J. Dolin 118

Address

Remarks

Chesapeake St
Canton

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26th of September 1874*
4. Place of Birth, (Street and Number) *No. 1 South Washington Street*
5. Full Name of Mother, *Louisa Grant*
6. Mother's Maiden Name, *Louisa Levert*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Levert*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, 71 North Church St. per Southern Bureau

Remarks, *Healthy*

SECTION 7. And be it further enacted and ordained that every person residing in the City of Philadelphia, who is charged or Superintended with a child shall hereafter take place, and keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any child have been conferred), its sex, color, the full name and occupation of its mother, the date of its birth, and the date of its registration. The said schedule shall be forwarded to the Commissioner of Health, on or before the first and third day of each and every month to the times of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner as within the period above required, and say such child, and the date of its birth, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on a separate sheet of paper, which shall be secured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, who shall be in attendance upon the midwife, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26th of September 1884*
4. Place of Birth, (Street and Number) *357 North Chapel Street*
5. Full Name of Mother, *Louis Tranter*
6. Mother's Maiden Name, *Louis Kruse*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Kruse*
9. Father's Occupation, *Cutter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Levinia Kerschel*
- Address, *71 North Chapel Street per Levinia Kerschel*
- Remarks, *Healthy*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore and who shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name of the mother, and the name of the father, and the name of the child, and the sex and color of the child, and the name of the physician or practitioner of midwifery, or should no other person be it attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the time specified in this act, and the person or persons who fail to do so shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th of December 1884*

4. Place of Birth, (Street and Number) *222 North Lombard Street*

5. Full Name of Mother, *Käthe Kuchel*

6. Mother's Maiden Name, *Käthe Baumbach*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Baumbach*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Grandmother Kuchel*

Address, *11 North Chapel Street per Justice Marshall*

Remarks, *Healthy*

76192

RECORD OF VITAL STATISTICS IN THE CITY OF BIRMINGHAM.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 of December

4. Place of Birth, (Street and Number) 145 West St

5. Full Name of Mother, Sarah M. May

6. Mother's Maiden Name, Laura Skinner

7. Mother's Birthplace, Belgium

8. Full Name of Father, Edward Henry

9. Father's Occupation, *Submarine*

10. Father's Birthplace, Atlanta

Name of Medical Attendant, or other Person who makes this Return. *Subin C. Schuber*

Address, Wings West II

Remarks, _____

7693

[illegible]

of the

Hemlock

Colonel

Dec 26 1854

260 Babour

Have surgery

Harve Smith

Saint Mary Co. Md.

Edward Sabine

Subscribed

Vic

or other Person who
makes this Return.

258, Rabourt

Home

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

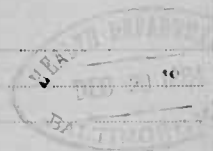
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

20
~~White~~ Male
White
Dec 26th
7. St Street
Ella, Helchbraud
" Mount
Baltimore
John Helchbraud
Shoe maker
Baltimore
G W Hornum M D



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec-27*

4. Place of Birth, (Street and Number) *7 Wharfcoat*

5. Full Name of Mother, *May Rupp*

6. Mother's Maiden Name, *Stone*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Rupp*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *G. W. Thomas M. D.*

Address,

Remarks,

76198

[illegible]

Remarks,

Section 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and of the names of the persons attending the same, and shall file the same with the Registrar of Vital Statistics, who shall ascertain the full names of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the midwife shall be delivered, duly signed by the practitioner in the form of a birth certificate, and the same shall be filed with the Registrar of Vital Statistics, who shall be authorized to require the birth certificate of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *18. 9. 1899*
4. Place of Birth, (Street and Number) *No. 434 Avenue A*
5. Full Name of Mother, *Katie Cunningham*
6. Mother's Maiden Name, *Katie Cunningham*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John P. Miller*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return, *John P. Miller*
- Address, *No. 100 West St.*
- Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place shall keep and maintain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, the sex, color, the full name and occupation of the mother, the date and place of birth, and the date and place of birth of the child, and shall forward a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, in case the birth of a child shall occur, to forward a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. Any person who shall violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 of November 1881

4. Place of Birth, (Street and Number) No. 115 West St.

5. Full Name of Mother, Luce Moran

6. Mother's Maiden Name, Luce Murphy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Moran

9. Father's Occupation, Unk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sister Grzeskowiak

Address, No. 8 West St.

Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 76202

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth Nov 28 1884
4. Place of Birth, (Street and Number) 108 S Howard St
5. Full Name of Mother Lucretia Barnhart
6. Mother's Maiden Name Ephraim Trail
7. Mother's Birthplace Balt.
8. Full Name of Father Geo W. Rinehart
9. Father's Occupation _____
10. Father's Birthplace Fre S. Co. Ind.
- Name of Medical Attendant, or other Person who makes this Return. James A. Gellig
- Address 142 Senate St
- Remarks _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision any child is born, shall be and he is hereby required to file with the Registrar of Births a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been encountered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the midwife or practitioner of midwifery, or about no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in this act, and shall be subject to the fine of ten (\$10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth Dec. 15. 1884

4. Place of Birth, (Street and Number) 48 Dolphin St

5. Full Name of Mother, Sarah E. Ragland

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, md

8. Full Name of Father, Wm H Ragland

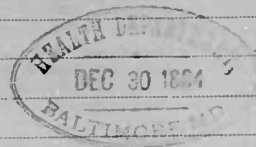
9. Father's Occupation, R. R. Engineer

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. G Lane Panaphere

Address, 219 Madison ave

Remarks,



76206

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

- 9th 1884
on St.

John Murphy & Co., 177 Nassau St., N. Y. C.

76207

HEALTH, BALTIMORE, MD.
DEC 30 1894
BALTIMORE, MD.

3. rd

Female

White

10th. December 1884.

443 N. Gay St.

Sophia Knell

Sophia Weisz

Baltimore

George Knell

Carpenter

Baltimore

M. A. Butt.

Remarks, *All Well*

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SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished to him by the Registrar of Vital Statistics, and shall, before the birth, ascertain the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Clerk of the Board of Health, and he shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W Colored*

3. Date of Birth *December 14th. 1884*

4. Place of Birth, (Street and Number) *128 N. Eden St*

5. Full Name of Mother, *Amelia Sharp*

6. Mother's Maiden Name, *Amelia Middleton Wilson*

7. Mother's Birthplace, *West River*

8. Full Name of Father, *Eli Sharp*

9. Father's Occupation, *Stevedor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt.*

Address, *185 S.E. cor Central av. & Monument St*

Remarks, *All well*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished during the month, and shall set forth as far as the same can be ascertained the name of the mother, the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Commissioner of Health, or should no other person be able to do so, to the nearest Justice of the Peace, who shall immediately thereupon report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Collard*

3. Date of Birth *December 18th. 1884*

4. Place of Birth, (Street and Number) *36 New Alley*

5. Full Name of Mother, *Para Commons*

6. Mother's Maiden Name, *Lee*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Jayus Commons*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioners of Health, and shall file the same with the list of the births in the City of Baltimore, and shall be liable to the same penalties as are provided for in the Act relating to the registration of births, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioners of Health, in the form of a birth or a child shall appear without delay to the Office of the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 16th 1884*

4. Place of Birth, (Street and Number) *No 75 Hillen St*

5. Full Name of Mother, *Mary Francis*

6. Mother's Maiden Name, *Mary Desch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Franz*

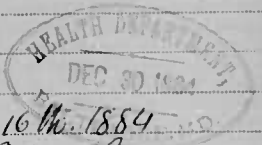
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *M. A. Butt*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*



Secretary and be in further stated and obtained that every person who is charged with the care of a child, or who is present at the birth of a child, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be filled up by the person or persons who are present at the birth of a child, and shall be signed by the person or persons who are present at the birth of a child, and shall be filed in the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or person who is licensed to practice medicine, the person or persons who are present at the birth of a child shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 23rd 1884*

4. Place of Birth, (Street and Number) *No 240 N. Wolf St.*

5. Full Name of Mother, *Florence Brooks*

6. Mother's Maiden Name, *Florence Brady*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Brooks*

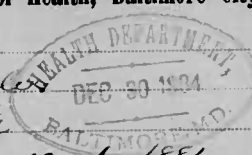
9. Father's Occupation, *Painter*

10. Father's Birthplace, *Annapolis*

Name of Medical Attendant, or other Person who makes this Return, *M. A. Butt*

Address, *185 S.E. cor. Central av. & Monument St.*

Remarks, *All Well*



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Section 7.—And he be further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under a license or certificate, who, at any time, gives birth shall be heretofore taken place, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the entries which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), and the date of birth, and the date when the same shall be delivered, and the name of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should of any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report to the Commissioner of Health, and to the Registrar of Births, the name of the child, and the date of birth, and the date when the child shall be delivered, full to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each default; and such fine shall be recovered as other fines and forfeitures recoverable.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth so far as the same can be ascertained the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, who shall be authorized to require the production of such certificate, and to examine the same, and to require the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of one (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2cd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 2cd 1884*

4. Place of Birth, (Street and Number) *459 N. Gay St.*

5. Full Name of Mother, *Minie Fox*

6. Mother's Maiden Name, *Minie Schab*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Michel Fox*

9. Father's Occupation, *Oyster Saloon*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Bull.*

Address, *185 P.E. cor. Centell av. & Monument St.*

Remarks, *Dead*

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner and shall forward the same to the Commissioner of Health, in the manner and form which shall contain the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In the case of a birth occurring on the last day of any month, the said schedule shall be delivered to the Office of the Commissioner of Health on the first day of the month immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the sum of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *November 3rd 1884*

4. Place of Birth, (Street and Number) *No. 253 Eager St.*

5. Full Name of Mother, *Ana Reider*

6. Mother's Maiden Name, *Ana Dombly*

7. Mother's Birthplace, *Pensilvania*

8. Full Name of Father, *Georgia Dombly*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt*

Address, *No 185 S.E. cor Central av. & Monument St.*

Remarks, *All Well.*

Section 7.—And be it further enacted, that every person practising midwifery in the City of Baltimore, and every person practising midwifery in any town, village or hamlet, shall take and keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any) and his or her sex, the date of birth, the name of the mother, the name of the practitioner, and the name of the place where the child was born, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be at attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of any person who may be present, to procure a certificate of the birth of such child, duly signed and attested by the mother, or by some other person, and to deliver the same to the Office of the Commissioner of Health, within the time and in the manner required, and any person who shall refuse to do so shall be liable to a fine of ten dollars, and the same shall be subject to the provisions of this section, and be subjected to the fine of ten dollars, and the same shall be recovered as other fines and forfeitures recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 3rd 1884

4. Place of Birth, (Street and Number) No 29 S. Exeter St.

5. Full Name of Mother, Jennie Eckard

6. Mother's Maiden Name, Jennie Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Eckard

9. Father's Occupation, Horse Shaver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. B. H.

Address, ~~185 S. E. on Central av. & Monmouth~~

Remarks, All Well

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled out by the midwife or person attending the birth, and shall be signed by the person attending the birth, and shall be filed in the office of the Commissioner of Health. The full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or person attending the birth, the person attending the birth shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *127*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *3 November 1884*

4. Place of Birth, (Street and Number) *181 E. Baltimore St.*

5. Full Name of Mother, *Ellen Heartest*

6. Mother's Maiden Name, *Ellen Woolen*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Andrew Heartest*

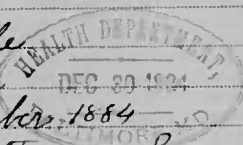
9. Father's Occupation, *Gardner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt*

Address, *185 S.E. cor. Central av. & Monument St.*

Remarks, *All Well*



76220

City

4th

Male

White

November 4th 1884

No 3 E Biddle St.

Herietta Gaucks

Henrietta Tindle

Baltimore.

Baltimore
Wm Foucks

Wm Foucks
Paper Cutter

Upper Cutler
Baltimore

M. A. Butt.

av. 8 Monument St.

all Well

John Murphy & Co., City Printers and Stationers.

Report of the Secretary to the Council

76-221

HEALTH DEPARTMENT
DEC 30 1984
BALTIMORE, MD

- 6th.
female
White
November 8th. 1884
No 112 E. Biddle St
Mary Russell
Mary Wooden
Baltimore
Ellis Wooden
Contractor
Baltimore
M. A. Burt

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred, under his or her charge during the preceding year, and shall be filled up with the names, addresses, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the said schedule shall be filled up by the midwife or other person attending upon the mother, immediately after the birth, and the said schedule shall be delivered to the Office of the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 10th 1884

4. Place of Birth, (Street and Number)

137 E. Biddle St.

5. Full Name of Mother,

Lizbeth Conklyn

6. Mother's Maiden Name,

"Langley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Conklyn

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt.

Address, 165 S.E. cor Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And he is further enacted and ordained that every person keeping an infirmary in the City of Baltimore, under whose charge or superintendence he or she may be, shall keep a true and correct record of each birth, death, and child whose charge or superintendence he or she may be, to be furnished by the Commissioner of Health. This schedule shall contain the names of the persons who are born, die, or are admitted to the infirmary, and the full names and occupation of the parents of the child, and the full name and occupation of the practitioner in the case of the child. The said schedule shall be ascertained the full name of each child, if any, and each year shall be delivered, only signed by the practitioner in the case of the child, to the Commissioner of Health, on the first of January of each year, and every month to the Office of the Commissioner of Health. To each of the said certificates to be furnished to the Commissioner of Health, a true and correct copy of the birth, death, or admission of the child shall be made, and the same shall be retained in the office of the Commissioner of Health. In the case of the birth of a child, the practitioner or practitioner's assistant shall make an entry of the birth of the child, and the name of the child, in the attendance upon the mother, immediately thereafter, and within the period above required, and any such person shall report its birth to the Commissioner of Health, in conformity with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each person who fails to be received as otherwise and forfeitures as recoverable.

76224

HEALTH DEPARTMENT
DEC 30 1924
BALTIMORE MD

3rd

Female

White

November 16th. 1884

No. 175 N. Central av

Mary Southerland

Mardi Mercredi

Baltimore?

Thos. Southland

May 1911

Waltham
Oct 7

M. A. Butt

aw & Monument St

John Murphy & Co., City Merchants and Stationers

Section 7.—And he if further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall be signed by the practitioner of his or her profession, duly sworn to, and shall be filed in the office of the Commissioner of Health. In case the practitioner of midwifery or student of medicine shall deliver a child, he shall sign the schedule and shall be liable to a fine of not less than ten dollars nor more than twenty dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

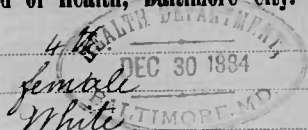
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 185 E. cor Central av. & Monument St.

Remarks, All Well.



Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Atlanta, who charge or superintend a birth shall hereafter take place shall report to the Health Commissioner a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same go the names of the mother and father, the sex and color of the child, the date of birth, the place of birth, the date of delivery, the full name of each child (if any) and have the same delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, it shall become the duty of the person or persons of such class, to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this act, shall be subject to a fine of not less than \$10 nor more than \$50, which shall hereafter fall to comply with and forfeitures are recoverable.

76227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9th

Male

White

November 25th /84

No. 168th Chester St

Minnie Brown

Miss Warrick

Baltimore

Charles Francis

Charles C. Wood

Tall man

Mr. A. Burt.

Remarks. All Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall be and he is hereby required to file with the Registrar of Births, a schedule containing a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Registrar of Births, and shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind, to report its birth to the Commissioner of Health. In the manner and to the effect provided in this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colland*

3. Date of Birth *November 26th. 1884*

4. Place of Birth, (Street and Number) *No 30 Short St.*

5. Full Name of Mother, *Ella Rochester*

6. Mother's Maiden Name, *Ella Huff*

7. Mother's Birthplace, *Union An. County*

8. Full Name of Father, *John H. Rochester*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Union An. County*

Name of Medical Attendant, or other Person who makes this Return. *M. J. Budd*

Address, *185 S.E. cor Centre. av. & Monument St*

Remarks, *All Well*

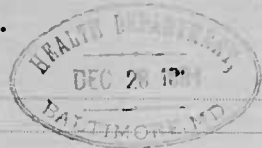
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st,*
 1. Sex (state whether Male or Female) *Female -*
 2. Race or Color (if not of the white race) *White -*
 3. Date of Birth *Nov 28/84 -*
 4. Place of Birth (Street and Number) *311 W. Townsend St.,*
 5. Full Name of Mother *Henny C. Gay -*
 6. Mother's Maiden Name *Iselin -*
 7. Mother's Birthplace *Balto -*
 8. Full Name of Father *Joseph R. Gay -*
 9. Father's Occupation *Cherchman -*
 10. Father's Birthplace *England -*
 Name of Medical Attendant, or other Person who makes this Return. *R. Mc. Goldsmith, M.D.,*
 Address *Harbor av. Calhoun St.,*
 Remarks

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or control any child is born, shall be bound to file with the Registrar of such birth a true and correct copy of the following schedule, to be filled out and returned to the Registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth of each child (if any child have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the father. The Registrar of such birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, shall be reported to the Registrar of such birth, immediately thereafter. It shall be the duty of the person or persons who report the birth to the Registrar of such birth, to sign and forward to the Registrar of such birth, a true and correct copy of the schedule, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth November 29th. 1884

4. Place of Birth, (Street and Number) No. 7 Shabaro Alley.

5. Full Name of Mother, Emma Bright

6. Mother's Maiden Name, Emma Hebreros

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter Bright

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, W. A. Butt

Address, 185 S. E. cor. Central av. V. Monument St.

Remarks, All Well

DEC 30 1884

BALTIMORE

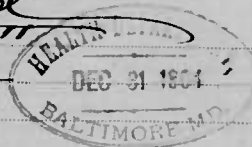
"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Sally Lissou Able Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6th 1884
4. Place of Birth, (Street and Number) Madison Ave.
5. Full Name of Mother, Sally Able
6. Mother's Maiden Name, Sally Lissou
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter B. Able
9. Father's Occupation, Editor Balto Sun
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make the Return R. C. Wilson
- Address, 146 Park Ave.
- Remarks, 1



PT in saw Jan 5/87

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be licensed by the Commission of Health, and shall be subject to the provisions of this section. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be licensed by the Commission of Health, and shall be subject to the provisions of this section. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be licensed by the Commission of Health, and shall be subject to the provisions of this section.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) American

3. Date of Birth Dec 15

4. Place of Birth, (Street and Number) 67 North Frederick St.,

5. Full Name of Mother, Georgiaanna Dorsey

6. Mother's Maiden Name, Georgiaanna Hunt.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Peter Dorsey

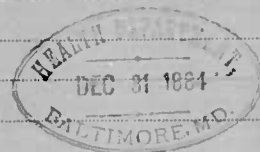
9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Samuel Craig E. G. G. G.

Address, 128 N. E. St. N. E. St. N. E. St.

Remarks, M.D.



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his charge or Superintendence during the preceding year, and shall be signed by the midwife or other person who has been duly licensed by the Commissioner of Health, and shall be delivered to the Commissioner of Health, in case the birth of any child shall occur without the issuance of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the issuance of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, the midwife or other person who has been duly licensed by the Commissioner of Health, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

11 December

4. Place of Birth, (Street and Number)

Chesnut St

5. Full Name of Mother,

Rachel Linn

6. Mother's Maiden Name,

Rachel Friedlander

7. Mother's Birthplace,

R. Poland

8. Full Name of Father,

Abner Linn

9. Father's Occupation,

Address Shipper

10. Father's Birthplace,

P. Poland

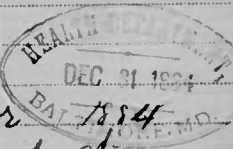
Name of Medical Attendant, or other Person who

Wm. R. J. L. Linn

Address,

10 28 N. E. Linn St. M. R. Linn

Remarks,



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76234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

3, checked

Serravallo

White

20th Dec 1894

70. *Phragmites*

1st of March

Verdetia doryca
L. L. Z. B.

Under the foregoing

Curberak

Henry George

Redder 1

Russia

Herzog Ernst

No 28. K. Linnippur Lullimon MO

John Murphy & Co., Dry Printers and Stationers.

Report of Vital Statistics in the City of Baltimore.

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall be recorded, shall be bound to file with the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed with the Registrar of Vital Statistics in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect herein provided, and the said person or persons when thus so reported, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

76235
Third child.
Female.
White.
Dec. 22nd 1891.
Balt. 222 Harrison St.
Belle Rosa Brooks
Belle Rosa Miller
Poland
Luman Brooks
Shoemaker
Poland
Wm. A. G. G. G.
1028 E. Smith St. M.D.

Section 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year ending on the 31st day of December, and shall ascertain the date and place of birth, and the mid schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any such child be in attendance upon the mother, married or single, or any other person, or should any such child be born or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

December 23rd

4. Place of Birth, (Street and Number)

77 N. Central Ave. Baltimore Md

5. Full Name of Mother,

Sophia Wolfe

6. Mother's Maiden Name,

Sophia Zuschlag

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry Wolfe

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. J. Johnson

Address,

1228 N. Spring St. MD.

Remarks,

A fine little girl to perfection.



SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall receive a permit and license to practice, and shall keep a true and correct record of all the births occurring in the City, and shall enter the same on a blank schedule to be furnished to him by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its race or color, its date of birth, its date of death, its date of burial, its date of interment, the day and hour of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health, on or before the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or in case the child shall die, or be buried, or interred, or in any other manner, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

December 23d 1884

4. Place of Birth, (Street and Number)

134 Harmony Lane

5. Full Name of Mother,

Martha Dixon

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Dixon

9. Father's Occupation,

White washing

10. Father's Birthplace,

Somewhere in Southern States

Name of Medical Attendant,

or other Person who makes this Return

A. K. Bond M.D.

Address,

316 Franklin Street Balto.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

76238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth *December 25th 1894*

4. Place of Birth, (Street and Number) *333 E. Pratt St*

5. Full Name of Mother *Annie August Clara Myerovich*

6. Mother's Maiden Name *Annie A. A. Miller*

7. Mother's Birthplace *Baltimore City Md*

8. Full Name of Father *Martin Myerovich*

9. Father's Occupation *Notions*

10. Father's Birthplace *Bremen Germany*

Name of Medical Attendant, or other Person who makes this return. *Nicholas L. Dashiell*

Address *207 E. Broadway*

Remarks

CERTIFICATE OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25th of December

4. Place of Birth, (Street and Number)

203 Hollins str

5. Full Name of Mother,

Riecke Reising

6. Mother's Maiden Name,

Ganzow

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Nick Reising

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Ann Shering

Address,

No 60 South Parish St Baltimore

Remarks,

Mother and Child doing well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Herbert Ferdinand Spear

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

December 26th 1884.

4. Place of Birth, (Street and Number)

No 10. Coles St. Balto Md

5. Full Name of Mother,

Friedericka ~~Pickles~~ Spear

6. Mother's Maiden Name,

Friedericka ~~Pickles~~ Nick

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Karl ~~Carl~~ Spear

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Straning.

Address,

No 60 Parrieh St

Remarks,

Mother and child are well

Enactment 7.—And be it further enacted, that every person keeping a place, and a true and correct register of such births and deaths, shall be bound to receive and enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) and his or her sex, the date of birth, the name of the mother, the name of the physician, and the place where the child was born. The schedule so filled out by the practitioner in the case of a patient, shall be sent to the Office of the Commissioner of Health, on or before the first and third day of each month, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, duly signed by the practitioner in the case of a patient, shall be reported to the Office of the Commissioner of Health, on or before the first and third day of each month, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should so other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending, to report its birth to the Commissioner of Health, in the manner herein provided. The names of the persons attending the birth of each child, to be reported to the Commissioner of Health, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered in either fine and forfeitures recoverable.

76241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

3. Date of Birth 27 December

5. Full Name of Mother, *Kate Wagner*

7. *Mother's Birthplace,* *Baltimore*

2. Father's Occupation. *Plumber & Gasfitter*

10. Father's Birthplace. Baltimore.

Name of Medical Attendant, or other Person who makes this Return. *Wm. Philip Galarus*

Address, 1028 N. Lincoln St. Pullman WA

Remarks,

76242

[illegible]

A circular postmark from Baltimore, MD, dated December 30, 1964. The text "BALTIMORE, MD" is curved along the bottom, and "DEC 30 1964" is in the center.

Female

White

27th December

12 1/2 Johnson St.

Mr. Ella Ball

Ella Hyde

Gallegos

Jewell Hall

F. J. J. J.

Chalcid

Mr. Hark.

Remarks, _____

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or should no other person be available, to any clerk in the office of the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 17/84

4. Place of Birth, (Street and Number) Baltimore 17 1st Avenue

5. Full Name of Mother, Ester Buckner

6. Mother's Maiden Name, Ester Solomon

7. Mother's Birthplace, Russ. Poland

8. Full Name of Father, Heyman Buckner

9. Father's Occupation, Clothing store

10. Father's Birthplace, Russ Poland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. Solomon

Address, No. 28 E. Smith St. Baltimore

Remarks, #2



Report of Vital Statistics in the City of Baltimore.

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall be and he is hereby required to file in the Office of the Registrar of Vital Statistics, a true and correct copy of the schedule of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any) shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered only at the practice of the midwife in the form a certificate of birth, and shall be signed by the midwife, and the said schedule shall be subject to the inspection of the Registrar of Vital Statistics, and the said midwife shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-28-36 by 6244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

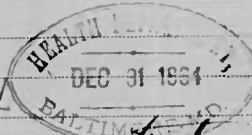
William Katzenstein
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth *December 28 1884*
4. Place of Birth, (Street and Number) *101 Harrison Street*
5. Full Name of Mother, *Mollie Katzenstein*
6. Mother's Maiden Name, *Mollie Schwarz*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Abraham Katzenstein*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Rhine*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Spiller*

Address, *1228 E. Lincoln St. Baltimore Md.*

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person present at birth in the Commissioner of Health, in the manner and within the period herein required, and say such person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 29 1894

4. Place of Birth, (Street and Number) 74 flock st

5. Full Name of Mother, ann shireketh calaman

6. Mother's Maiden Name, ann shireketh mooney

7. Mother's Birthplace, ~~ireland~~ ireland

8. Full Name of Father, ~~Shir~~ overer

9. Father's Occupation, ~~ritchard~~ calaman

10. Father's Birthplace, ireland

Name of Medical Attendant, or other Person who makes this Return, Mary Connors

Address, 171 Patterson Park Avenue

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

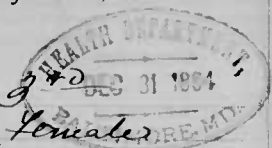
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd ✓ 3rd
Male & Female
White
December 30th 1884
5 West Fair Av -
Ella Sumner
Ella Nickerson
Baltimore Co Md
Scott Sumner
Bakersman
Ohio
O. A. Cook M.D.
110 Fort av -



SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person who shall keep a room and place for the confinement of women, shall keep an exact register of such birth, and shall enter the same on a blank schedule to be furnished to him or her by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, race or color, the day, month and year of its birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or certificate, is taken the first and third day of each and every month to the Board of Health. In case the practitioner of midwifery, or certificate, is taken the first and third day of each and every month to the Board of Health, in the month, and duty of the parent or parents of such child to report its birth to the Board of Health, in the month, and within the period above required, except in the cases of the births and deaths of illegitimate children, and should on other person be in at all times, to give to the Board of Health, in the month, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *1st of December 1884*

4. Place of Birth, (Street and Number) *corner of Lombards and Arch*

5. Full Name of Mother, *Esther Knolewitsch* *marked*

6. Mother's Maiden Name, *Chapierne*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Philipp Knolewitsch*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs C. Bernstein*

Address, *67. E. Lombards Protr*

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should on other person report its birth to the Commissioner of Health, he or she shall, in the manner and within the period alone required, and pay such person or persons who shall hereafter call to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

76245
 Second female.
 White
 December 1st 1884.
 No. 50. N. Schroeder.
 No. 81. N. Schroeder St.
 Frederick Gosensisch
 Collector.
 Nienburg. 2d. Wiser. (Germany.)
 Mrs. Dummer.
 90 North Schroeder.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 7.—And be it further enacted, that at every person practicing midwifery in the City of Baltimore, who charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each child and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) and his or her date of birth, the name of the mother, the name of the physician or practitioner of medicine duly licensed by the Baltimore Board of Health, the date of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be at all attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of the person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as others and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*_____

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Full name of Female child - Alice Gertrude Rex

Return of Birth Statistics in the City of Baltimore.

By physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
be birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
days thereafter, stating distinctly the date of birth, sex, and color of the child or children
their physical condition, whether still-born or not, the full name, nativity, and residence
of the mother, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

76250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st. Dec 1884

4. Place of Birth, (Street and Number)

210 W. Fulton

5. Full Name of Mother,

Eleanora Haller

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Penn'a

8. Full Name of Father,

Louis V. Haller

9. Father's Occupation,

Book keeper

10. Father's Birthplace,

Penn'a

Name of Medical Attendant, or other Person who makes this Return

John Hood

Address,

594 W. Fayette

Remarks,

John Hood

Missing 76251

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

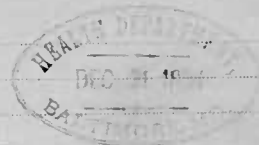
Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Male

White

Dec 2nd 1902

495 Fremont St

Maria Becker

Queen

York Penna

George Becker

Painter

York Penna

Chas E Sadtler M.D.

565 Mount Hill House

RETURN OF A BIRTH ⁷⁶²⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 2nd 1884

4. Place of Birth, (Street and Number) Delaware St 92

5. Full Name of Mother, Lizzie Myers

6. Mother's Maiden Name, W. Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Myers

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. R. J. King

Address, 7 S. Hollander St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall violate shall be liable to a fine of not more than ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

In its attendance upon the mother, having already thereunder, it shall be the duty of the person or persons of such certificate to
return the birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *George Christian Cosmann*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *Feb 2 - 1884*
 4. Place of Birth, (Street and Number) *81 Patterson Park Ave.*
 5. Full Name of Mother, *Mary Cosmann*
 6. Mother's Maiden Name, *Humball*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Charles Cosmann*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Miller*
Address, *154 E Pratt St.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 3^d 1884

4. Place of Birth, (Street and Number) 152 S Broadway

5. Full Name of Mother, Annie Golahner

6. Mother's Maiden Name, " Hertenberg

7. Mother's Birthplace, Germany

8. Full Name of Father, Simon Golahner

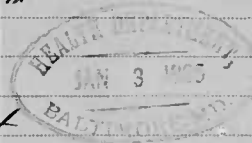
9. Father's Occupation, Notions. &c

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 128 Bank Str.

Remarks, _____



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

76256

to be at least once upon the mother, immediately thereafter it shall become the duty of the person or persons of whom birth is reported to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RECEIVED
JAN 3 1995
FBI

Female

3. *Date of Birth,*

Dec 3^d 1884

106 8 Register str

Mary T. Ramston

Kraus

Germany

John T. Ranton

Cabinet Maker

Ireland

Mrs Elizabeth Betz

120 Bank str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3^d 1884

4. Place of Birth, (Street and Number)

426 Canton Ave

5. Full Name of Mother,

Herrmina Engler

6. Mother's Maiden Name,

" Freibe

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Engler

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

RETURN OF A BIRTH,

76258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 of 4 children.

1. Sex (state whether male or female)

6

2. Race or Color, (if not of the white race)

Color

3. Date of Birth

Allen's Alley, Stearns.

4. Place of Birth, (Street and Number)

17 Allen's Alley.

5. Full Name of Mother

Mary Hixson

6. Mother's Maiden Name

Mary Hixson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

David Jackson

9. Father's Occupation

Wagon Shucker

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Harriet Britton.

Address

78 North Belthel Street.

Remarks

RETURN OF A BIRTH 76259

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3d Dec. 1884*

4. Place of Birth, (Street and Number) *57 S. Charles St.*

5. Full Name of Mother, *Elizabeth Adeline Hooper*

6. Mother's Maiden Name, *Jones*

7. Mother's Birthplace, *Baltimore Co. Md.*

8. Full Name of Father, *Nicholas Aaron Hooper*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *W. Va.*

Name of Medical Attendant, or other Person who makes this Return *E. P. Sims M.D.*

Address, *37 S. E. Baltimore St.*

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such fees or persons who shall be registered as such, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

White

3th

12 30 9

Mulberry St

Mary Meggel

Mary Hecker

Baltimore

George Meggel

Schroeder

German

Karl Muehl

1 S. D. M. H.



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *3^d of December 1884.*
4. Place of Birth, (Street and Number) *Albemarle str 21*
5. Full Name of Mother, *Anna Levy*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Jacob Levy*
9. Father's Occupation, *Deolter*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs C. Bernstein*
- Address, *67 E. Pratt str.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 31 1894

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

522 Canton Ave

6. Mother's Maiden Name,

Lena Baker

7. Mother's Birthplace,

Lena Hore

8. Full Name of Father,

Baltimore

9. Father's Occupation,

John Baker

10. Father's Birthplace,

Labourer

Name of Medical Attendant, or other Person who makes this Return,

Baltimore

Address,

Mrs R. A. Garrett

Remarks,

No 65 Burke St

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

76263

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child.

Sex, (state whether male or female) Female.

Race or Color, (if not of the white race)

Date of Birth, 4 of December 1884

Place of Birth, (Street and Number) 817 W Pratt St.

Full Name of Mother, Annie Egans.

Mother's Maiden Name, " " Dram

Mother's Birthplace, Ireland.

Full Name of Father, Joseph Egans.

Father's Occupation, Bar Saloon.

Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return Annie Lindner

Address, No 45 Monroe St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 4th 1884

4. Place of Birth, (Street and Number)

164 S^e Wolfe str

5. Full Name of Mother,

Augusta Lenz

6. Mother's Maiden Name,

" Martin

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Lenz

9. Father's Occupation,

Labourer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank str

Remarks,

For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 5 1884

4. Place of Birth, (Street and Number)

142 E. Central Ave.

5. Full Name of Mother,

Lelia Kincary

6. Mother's Maiden Name,

Cannell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Kincary

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

108 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 5th - 84

4. Place of Birth, (Street and Number) 136 Madison Ave

5. Full Name of Mother, Elizabeth Dickey

6. Mother's Maiden Name, Bryder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Dickey

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. E. Keale

Address, 171 N Monument

Remarks,

For each offense a fine of ten dollars shall be levied on the person who fails to comply with the provisions of this section, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 5 1884

4. Place of Birth, (Street and Number)

329 Washington st

5. Full Name of Mother,

Emily D Bell

6. Mother's Maiden Name,

Bradley

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Lamir. F. Bell

9. Father's Occupation,

Cardmaker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwood

Address, 286 W. Donagh

Remarks,

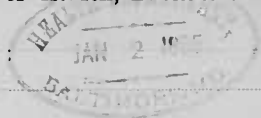
For persons who shall hereafter fail to comply with the provisions of this section, and who are convicted of the same, the fine of ten dollars shall be levied, and for each offence to be recovered as other fines and forfeitures are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *7 Dec 1884*

4. Place of Birth, (Street and Number) *141 Linden Ave.*

5. Full Name of Mother, *Mary Donahoe*

6. Mother's Maiden Name, *unknown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred Donahoe*

9. Father's Occupation, *Merchant Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary P. Fleming, M.D.*

Address, *147 Madison Ave*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

76269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 December

4. Place of Birth, (Street and Number) Castellstr. No. 65

5. Full Name of Mother, Margaretha Zang

6. Mother's Maiden Name, Heden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Zang

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Hanna

Address, Leewardstr. No. 28

Remarks,



RETURN OF A BIRTH

76270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *December 7 189*
- Place of Birth, (Street and Number) *St. Edward St 147*
- Full Name of Mother, *Maggie Shiller*
- Mother's Maiden Name, *Stoble*
- Mother's Birthplace, *Bavaria*
- Full Name of Father, *George Shiller*
- Father's Occupation, *Tailor*
- Father's Birthplace, *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs R. McElig*
- Address, *47 Holland St*
- Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

Sex. (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

7th Dec 1897

Place of Birth, (Street and Number)

278 Hollins St

Full Name of Mother,

Mary Ella Buckingham

Mother's Maiden Name,

Mary

Mother's Birthplace,

Id

Full Name of Father,

Herbert Buckingham

Father's Occupation,

Book Keeper

Father's Birthplace,

Id

Name of Medical Attendant, or other Person who makes this Return

John Hood

Address,

594 1/2 E. Baltimore

Remarks.

See box

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 8th 1884

4. Place of Birth, (Street and Number)

No 312 Hanover St.

5. Full Name of Mother,

Louisa Schmidt.

6. Mother's Maiden Name,

Pritschner

7. Mother's Birthplace,

Osterode, Germany

8. Full Name of Father,

William Schmidt

9. Father's Occupation,

Piano-maker

10. Father's Birthplace,

Baltimore

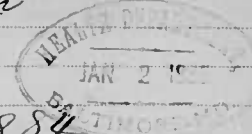
Name of Medical Attendant, or other Person who makes this Return,

Dr. J. M. M. M.

Address,

1 S. D. M. M.

Remarks,



For each child to be recovered in other cases and for infants not recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 8 1884

4. Place of Birth, (Street and Number) 300 Perry Ave

5. Full Name of Mother, Cecilia Korman

6. Mother's Maiden Name, Cecilia Kullberg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Korman

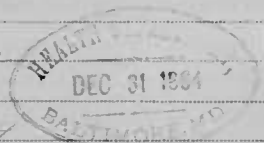
9. Father's Occupation, Car Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Munnick

Address, 204 Perry Ave

Remarks, _____



For each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *8 Dec 1881*

4. Place of Birth, (Street and Number) *Gen*

5. Full Name of Mother, *Franziska Bastel*

6. Mother's Maiden Name, *Weidner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Heinrich Bastel*

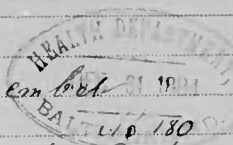
9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Brown*

Address, *5 E. Lombard St.*

Remarks, *11.2.81*



If any of the above is not recovered as other files and for signatures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Fifth
Male
White
December 8th 1884
55- Burke St
Rosa Klimm
Rosa Bunyock
Baltimore
C. Andrew Klimm
Laborer
Baltimore
Mrs P. H. Gargett
No 65- Burke St

For each affiance to be recovered as other face and signatures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Female

JAN 2 1885

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

December 8, 1884

4. Place of Birth, (Street and Number)

227 Chess St

5. Full Name of Mother,

Issie R. Brandell

6. Mother's Maiden Name,

Beyliffe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. R. Brandell

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary et. Alwell

Address, 286 St. Donagh St

Remarks,

of this office to be received as other files and certificates are recoverable.

RETURN OF A BIRTH ⁷⁶²⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 15 1887

4. Place of Birth, (Street and Number) 416 W. Biddle St

5. Full Name of Mother, William Sullivan

6. Mother's Maiden Name, McLain

7. Mother's Birthplace, Wm. Co. D

8. Full Name of Father, Wm. B. Sullivan

9. Father's Occupation, Physician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, W. H. C. C. C.

Address, 121 N. Calver St

Remarks,

For each affiance to be recovered as other fees and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

White Male

White

Dec. 9th 1884

Balto. No. 8 S. Carrollton ave.

Johannah Hartwell

Johannah Baland

Baltimore

Bartholomew Hartwell

Almshouse

Baltimore

Mrs. J. K. Seaback

No. 29 West Pratt street.

For each affixed to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

76379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th or 8th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 9th

4. Place of Birth, (Street and Number) 190 Madbury St

5. Full Name of Mother, Agnes O'Brien

6. Mother's Maiden Name, Hamilton

7. Mother's Birthplace, Balt.

8. Full Name of Father, John O'Brien

9. Father's Occupation, Can maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return.

W. F. Lockwood

Address,

1000 Broadway St.

Remarks,

RETURN OF A BIRTH

76280

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Dec 9 - 84

4. Place of Birth, (Street and Number)

45 Brock St

5. Full Name of Mother,

Laura Ganney

6. Mother's Maiden Name,

Williams

7. Mother's Birthplace,

Balto

8. Full Name of Father,

James Ganney

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Carroll Co

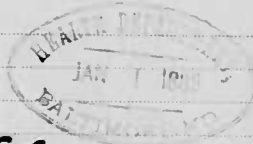
Name of Medical Attendant, or other Person who makes this Return.

Ans Cornish

Address,

24 Myd St

Remarks,



RETURN OF A BIRTH 76281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

76282

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other Person who makes this return
Address,
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *10th of December 1884*

4. Place of Birth, (Street and Number) *E. Lombard St. 89.*

5. Full Name of Mother, *Sarah Olschweiger*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Israel Olschweiger*

9. Father's Occupation, _____

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs C. Bernstein*

Address, *67. E. Lombard St.*

Remarks, _____

TO A FINE OF TEN DOLLARS FOR EACH OFFENSE, TO BE RECOVERED AS OTHER FINES AND PENALTIES ARE RECOVERED.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 31 1884

4. Place of Birth, (Street and Number) W. Smith St

5. Full Name of Mother, Maggie Roll

6. Mother's Maiden Name, Maggie Hamilton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chris Roll

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Macmillan

Address, 1047 Penn Ave

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

DEC 31 1894
Dec 31 1894

4. Place of Birth, (Street and Number)

Dampstead St Washington

5. Full Name of Mother,

Maggie Le Guyre

6. Mother's Maiden Name,

Maggie Martin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Le Guyre

9. Father's Occupation,

Bar-tender

10. Father's Birthplace,

France

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Garrett

Address,

No 65 Burke St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 17th 1886

4. Place of Birth, (Street and Number)

Canfield St.

5. Full Name of Mother,

Elizabeth Sunderland

6. Mother's Maiden Name,

Elizabeth Marshuck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Basil Sunderland

9. Father's Occupation,

Engineer on tug boat

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Garrett

Address,

No 65 Burke St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec 31 1894*

4. Place of Birth, (Street and Number) *Wolfe St. No 29*

5. Full Name of Mother, *Mrs. Biehl*

6. Mother's Maiden Name, *" " Bieder*

7. Mother's Birthplace, *Biedigheim, Hessen, Germany*

8. Full Name of Father, *Kaspar Biehl*

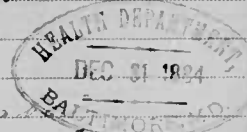
9. Father's Occupation, _____

10. Father's Birthplace, *Biedigheim, Hessen, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. M. M. M. M.*

Address, *London St. No 29*

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12th 1884

4. Place of Birth, (Street and Number) Gay St. 189

5. Full Name of Mother, Elizabeth Hinrichs

6. Mother's Maiden Name, " Shule

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Hinrichs

9. Father's Occupation, Carriage maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Dr. M. M. M. M.

Address, 48 Holland St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12, 1884

4. Place of Birth, (Street and Number)

435 W. Pratt Street

5. Full Name of Mother,

Margaret Smith

6. Mother's Maiden Name,

Margaret Frank

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Smith

9. Father's Occupation,

Dr. Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lischach

Address,

No 435 West Pratt Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 12 - 1884
4. Place of Birth, (Street and Number) 146 E. Central St.
5. Full Name of Mother, Mate Mc Mahan
6. Mother's Maiden Name, Quirlivon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Mc Mahan
9. Father's Occupation, Ice Driver
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other Person who makes this Return, Mary Stein
Address, 151 E. Pratt St.
Remarks, _____

RETURN OF A BIRTH ⁷⁶²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13th 1894
4. Place of Birth, (Street and Number) Watson St No 65
5. Full Name of Mother, Beckie Schae
6. Mother's Maiden Name, Leary
7. Mother's Birthplace, Poland
8. Full Name of Father, Louis Schae
9. Father's Occupation, Sailor
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other Person who makes this Return, Mrs R. Allen
- Address, 48 Holland St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12d*

1. Sex, (state whether ~~male~~ or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 13th December 1892*

4. Place of Birth, (Street and Number) *Baltimore, Md.*

5. Full Name of Mother, *Maria F. Feller*

6. Mother's Maiden Name, *Maria Feller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Feller*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *James F. Feller*

Address, *Baltimore, Md.*

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH, 76293

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) his is the 6th
Sex (state whether male or female) male
Race or Color, (if not of the white race) Caucasian
Date of Birth Oct 13 1891
Place of Birth, (Street and Number) born in France Port 104
Full Name of Mother Ada M. Hutton
Mother's Maiden Name Ada M. Lockerman
Mother's Birthplace born in Baltimore
Full Name of Father John J. Hutton
Father's Occupation Cycle Repairer
Father's Birthplace born in North Carolina
Name of Medical Attendant, or other Person who makes this Return. John J. Hutton
Address in Baltimore
Remarks 9.00 on street near Eden

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 13th December 1884

4. Place of Birth, (Street and Number) No 161 S. Fremont St.

5. Full Name of Mother, Eliza Smith

6. Mother's Maiden Name, Reil

7. Mother's Birthplace, Dorfgillhesson

8. Full Name of Father, John Smith

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Dorfgillhesson

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. J. M. M. M.
1 Landonville St.

RETURN OF A BIRTH ⁷⁶²⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 14th 1884

4. Place of Birth, (Street and Number)

411 Burke str

5. Full Name of Mother,

Louisa Brendel

6. Mother's Maiden Name,

" Michalsman

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Brendel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank str

Remarks,

RETURN OF A BIRTH

76296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 Dec

4. Place of Birth, (Street and Number) 134 Bond

5. Full Name of Mother, Pauline Hartman

6. Mother's Maiden Name, Hunger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Hartman

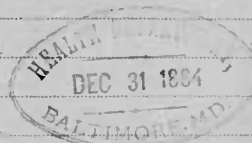
9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard street

Remarks,

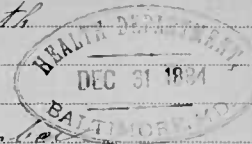


RETURN OF A BIRTH

76297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

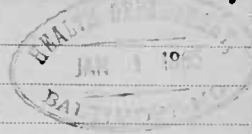
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *17 December*
4. Place of Birth, (Street and Number) *Lombard St. No. 929*
5. Full Name of Mother, *Agnes Karl*
6. Mother's Maiden Name, *" " Macdon*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Karl*
9. Father's Occupation,
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Dr. Manser*
Address, *Lombard St. No. 925*
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) white
- Date of Birth, Dec 14, 1884
- Place of Birth, (Street and Number) 243 Division St.
- Full Name of Mother, Harriet Hanson
- Mother's Maiden Name, Deary
- Mother's Birthplace, Somerset County Md
- Full Name of Father, Wm H. Hanson
- Father's Occupation, B & C. Sprngs
- Father's Birthplace, Balt City
- Name of Medical Attendant, or other Person who makes this Return Marbury Freeman
- Address, 1811 Culloch St.
- Remarks,



For a full and complete description of the manner in which this form should be filled out, see the instructions on the reverse side.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec 14 1884*

4. Place of Birth, (Street and Number) *300 N. Stricker St.*

5. Full Name of Mother, *Emma V. Gilbert*

6. Mother's Maiden Name, *Kaufman*

7. Mother's Birthplace, *Fredricks Md*

8. Full Name of Father, *J. L. Gilbert*

9. Father's Occupation, *Lumber Merchant*

10. Father's Birthplace, *Balt City*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Marbury Brewer Md
68 N. Carroll St.*

For a full and complete list of the laws and regulations governing the registration of births and deaths, see the "Baltimore City Health Department," published by the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15th of December 1884.

4. Place of Birth, (Street and Number) 116 E. Fayette st

5. Full Name of Mother, Anna Demawitz

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Demawitz

9. Father's Occupation, Clerk

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 67 E. Pratt st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 16th 1884

4. Place of Birth, (Street and Number)

No 62 N. Bond str

5. Full Name of Mother,

Ellen Shilling

6. Mother's Maiden Name,

" Thompson

7. Mother's Birthplace,

City

8. Full Name of Father,

William Shilling

9. Father's Occupation,

Printer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 16th 1884.

4. Place of Birth, (Street and Number)

19 Barlett Street.

5. Full Name of Mother,

Anna Lankiewicz

6. Mother's Maiden Name,

Anna Doniecky.

7. Mother's Birthplace,

Prussia.

8. Full Name of Father,

John Doniecky.

9. Father's Occupation,

Labour.

10. Father's Birthplace,

Prussia.

Name of Medical Attendant, or other Person who makes this Return.

Mr. Jk Seebach.

Address,

No 439 West Pratt Street.

Remarks,

RETURN OF A BIRTH ⁷⁶³⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 16th 1897

4. Place of Birth, (Street and Number) Gough St 107

5. Full Name of Mother, Ratie J. Hudson

6. Mother's Maiden Name, Ann Han

7. Mother's Birthplace, Balto Md

8. Full Name of Father, George J. Hudson

9. Father's Occupation, Police

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm G. Mellig

Address, 48 Holland St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Boy

Dec 16th

292 Hancock St.

Catherine Gable

Catherine Synder

Longwood, Md.

John William Gable

Laborer on the B. and O. Railroad

Longwood, Md.

Mrs. Minnie

1 S. D. Ansell H.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 Dec.

4. Place of Birth, (Street and Number) 461 Fayette

5. Full Name of Mother, Emma Ornett

6. Mother's Maiden Name, Boat

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Ornett

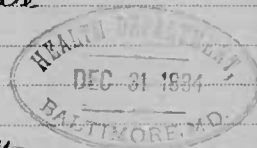
9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *16 December*

4. Place of Birth, (Street and Number) *Capel St. No 8*

5. Full Name of Mother, *Barbara Kern*

6. Mother's Maiden Name, *Kern*

7. Mother's Birthplace, *Bathfeld - Baden - Germany*

8. Full Name of Father, *Georg Kern*

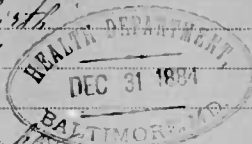
9. Father's Occupation, _____

10. Father's Birthplace, *Kerns - Baden - Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. S. Powers*

Address, _____

Remarks, *Capel St. No 8*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Birth*

1. Sex, (state whether male or female) *mal*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *16 December 1881*

4. Place of Birth, (Street and Number) *Daham St. No. 38*

5. Full Name of Mother, *Margaretha Entres*

6. Mother's Maiden Name, *" Hoffman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wilhelm Entres*

9. Father's Occupation, *Schmager*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Bruns*

Address, *Lombard St. No. 38*

Remarks,

RETURN OF A BIRTH ⁷⁶²⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *57 Luzerne St.
December 26th 1864*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mary Amberg*

6. Mother's Maiden Name, *Mary Finnegan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alfred Amberg*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr R. A. Burnett*

Address, *1065 Burke St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Magnus Diehl*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 17th 1884

4. Place of Birth, (Street and Number)

No 32 Essex St

5. Full Name of Mother,

Lizzie Diehl

6. Mother's Maiden Name,

Meister

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Diehl

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Gatz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH ⁷³¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 December

4. Place of Birth, (Street and Number) Hanna St. No. 2

5. Full Name of Mother, Johana Kugelmeier

6. Mother's Maiden Name, Omen

7. Mother's Birthplace, Osna-bruk-Hannover-Germ

8. Full Name of Father, Heinrich Kugelmeier

9. Father's Occupation, Osna-bruk-Hannover-Germ

10. Father's Birthplace, Osna-bruk-Hannover-Germ

Name of Medical Attendant, or other Person who makes this Return, Mrs. Brown

Address, Longard St. No. 275

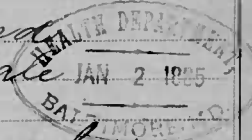
Remarks, Longard St. No. 275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

17 December

4. Place of Birth, (Street and Number)

390 E. Madison St.
Barah & Delly
Cullison

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Md

8. Full Name of Father,

Thos. & Delly
Mariner

9. Father's Occupation,

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Marj. A. V. Hallwell

Address, 286 N. Donagh St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ROBERT ELLSWORTH JONES 1st
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *22nd Decr. 1884*
 4. Place of Birth, (Street and Number) *146 Montgomery*
 5. Full Name of Mother, *Laura Jones*
 6. Mother's Maiden Name, *Inghall*
 7. Mother's Birthplace, *Ball*
 8. Full Name of Father, *Robt. Jones*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Ball*
- Name of Medical Attendant, or other Person who makes this Return, *Id W. Websup*
- Address, *57 Waverly*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

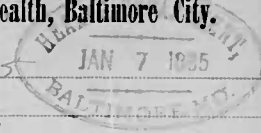
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

Colored

Dec 6 1884

20 Hull lanes

Sarah Thomas

Sarah Johnson

Balto

George Thomas

Labor

Virginia

Harriet Jackson

14 Huguenot St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dec 17th 1884

123 McColloch

B. V. Baillard

H. V. Marshall

Maryland

B. H. Baillard

Bookkeeper

Maryland

Dr. E. E. Feale

121 W. Monument St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 18/87

4. Place of Birth, (Street and Number) 130 N. Carey

5. Full Name of Mother, Miriam Ramer

6. Mother's Maiden Name, Schwab

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Ramer

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Thomas Opie M.D.

Address, 179 N. Howard St

Remarks, _____

RETURN OF A BIRTH ⁷⁶³¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 Dec.

4. Place of Birth, (Street and Number) 37 Madam A. St.

5. Full Name of Mother, Maggie Karow

6. Mother's Maiden Name, Muldani

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Karow

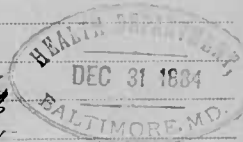
9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Girls*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *18 September*

4. Place of Birth, (Street and Number) *W. 1st St. No. 19*

5. Full Name of Mother, *Theresa Mersken*

6. Mother's Maiden Name, *" " Gibrich*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John C. Mersken*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Mersken*

Address, _____

Remarks, *Lowland St. No. 285*

RETURN OF A BIRTH.

76318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 19 - 84

4. Place of Birth (Street and Number)

147 Sharp

5. Full Name of Mother

Emma Klassen

6. Mother's Maiden Name

" Allbaugh

7. Mother's Birthplace

Balto

8. Full Name of Father

Chas Klassen

9. Father's Occupation

Merchant

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Lewis

Address

162 Hanover St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

76320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 19, 1884

4. Place of Birth, (Street and Number)

219 N. Green St.

5. Full Name of Mother,

Sarah L. Clark

6. Mother's Maiden Name,

Kingrose

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Geo. Clark

9. Father's Occupation,

Oyster Measure

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary C. Edwell

Address, 286 N. Donagh St.

Remarks,

For each return to be recorded as other files and certificates are required.

RETURN OF A BIRTH.

76321.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 19/1884

4. Place of Birth, (Street and Number)

30 McDermott St.

5. Full Name of Mother,

Elizabeth Heyraugh

6. Mother's Maiden Name,

Kehlwein

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John P. Heyraugh

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 Mc Donogh St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 19. 1884

4. Place of Birth, (Street and Number) 14 Wilson Street

5. Full Name of Mother, Bridget Cashman

6. Mother's Maiden Name, Hendely

7. Mother's Birthplace, Ireland

8. Full Name of Father, Bartholomew Cashman

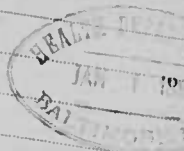
9. Father's Occupation, laborer.

10. Father's Birthplace, Ireland

Name of Medical Attendant, Charles Brewer M.D.

Address, 68 McCallum Street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Birth*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *and wh.*

3. Date of Birth, *19 December*

4. Place of Birth, (Street and Number) *Bertha Kraemer*

5. Full Name of Mother, *" " Schapp*

6. Mother's Maiden Name, *Philippsburg - Baden - Ger.*

7. Mother's Birthplace, *John Kraemer*

8. Full Name of Father, *Philippsburg - Baden - Ger.*

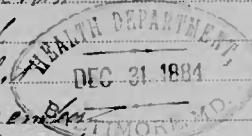
9. Father's Occupation, *" "*

Father's Birthplace, *" "*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Kraemer*

Address, *Le. Barst. W. 2d*

Remarks, *" "*



For each address to be returned as other data and birthplace are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each object to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

10th
Female
White
19th July
City No 76 S Fremont St
Fredricka Schuler
Kastern
Bremen
Peter Schuler
Hair Dresser
Dulles
Mrs. H. Schuler
139 West Pratt St
Satisfied

RETURN OF A BIRTH ⁷⁶²²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 28 - 1884

4. Place of Birth, (Street and Number) 317 N. Stricker St

5. Full Name of Mother, Annie Starn

6. Mother's Maiden Name, Annie Stewart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Starn

9. Father's Occupation, Seaman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. L. L. Starn

Address, 121 N. Decatur St

Remarks,

for each offense to be recovered as other law and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 Dec.

4. Place of Birth, (Street and Number) 123 Eden street

5. Full Name of Mother, Katie Richter

6. Mother's Maiden Name, Solkin

7. Mother's Birthplace, England

8. Full Name of Father, Charlie Richter

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard street

Remarks,



For each subject of a certificate in all the lines and particulars are necessary.

RETURN OF A BIRTH.

76328

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female).

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

20 December 1884.

4. Place of Birth (Street and Number)

No. 3 Monroe

5. Full Name of Mother

Mrs. L. G. Gorington

6. Mother's Maiden Name

Mrs. L. G. Gorington

7. Mother's Birthplace

Richmond Virginia

8. Full Name of Father

Geo. W. Gorington

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Culpeper Co. Va.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. Swift

Address

No. 3 Monroe

Remarks

RETURN OF A BIRTH ⁷⁶³²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ³

Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{German}

3. Date of Birth, ^{Dec. 20th 189}

4. Place of Birth, (Street and Number) ^{Mr. Eldon St. 33}

5. Full Name of Mother, ^{Miriam Weinsberg}

6. Mother's Maiden Name, ^{" Morris}

7. Mother's Birthplace, ^{Russia}

8. Full Name of Father, ^{Heriman Weinsberg}

9. Father's Occupation, ^{Sailor}

10. Father's Birthplace, ^{Russia}

Name of Medical Attendant, or other Person who makes this Return, ^{Mrs. H. H. H. H.}

Address, ^{48 Holland St.}

Remarks,

For each child, to be recorded in other books and certificates are recordable.

RETURN OF A BIRTH 7130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, Dec. 20th 1894
 Place of Birth, (Street and Number) Lombard St 233
 Full Name of Mother, Ellen Brodzman
 Mother's Maiden Name, Roth
 Mother's Birthplace, New York
 Full Name of Father, Henry Brodzman
 Father's Occupation, Carpenter
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Mrs. R. M. M. M.
 Address, 48 Hollanda St.
 Remarks,

For each of these to be recovered as other files and for details are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 21st 1884

4. Place of Birth, (Street and Number)

Cor Eastern Ave.

5. Full Name of Mother,

Fannie Furlong

6. Mother's Maiden Name,

Warren

7. Mother's Birthplace,

City

8. Full Name of Father,

John Furlong

9. Father's Occupation,

Mariner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Wm Elizabeth Botz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. ☒ Male, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 21st 1884*
4. Place of Birth, (Street and Number) *81 Pearl St*
5. Full Name of Mother, *Gertrude Donlan*
6. Mother's Maiden Name, *Gertrude Smith*
7. Mother's Birthplace, *Richmond Virginia*
8. Full Name of Father, *Thomas Donlan*
9. Father's Occupation, *Baker*
10. ☒ Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return, *Mary J. Smith*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th *Fifth*

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 21 '84

4. Place of Birth, (Street and Number)

856 McPherson St.

5. Full Name of Mother,

Bertie Koppell

6. Mother's Maiden Name,

Henge

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Augustine Koppell

9. Father's Occupation,

Musician

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address, *286 McDonagh St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 21, 1887

4. Place of Birth, (Street and Number)

235 W. Ann St.

5. Full Name of Mother,

Katharine Slater

6. Mother's Maiden Name,

Deep

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alex. Slater

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

248 Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 216 Mc Donough St

Remarks,

GIVEN NAME ADDED 12-28-56

RETURN OF A BIRTH

76335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

111

RETURN OF A BIRTH

7636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st December*
4. Place of Birth, (Street and Number) *134 S. Wolf Street.*
5. Full Name of Mother, *Elise Polhaus*
6. Mother's Maiden Name, *= Torfner*
7. Mother's Birthplace, *Aschendorf Hammer Gern*
8. Full Name of Father, *Herman Polhaus*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Rhein Prussia Gern*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Behnken*
- Address, *Canton*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) *165 N. Eden St.*

5. Full Name of Mother, *Jennie Zimmerman*

6. Mother's Maiden Name, *Kullback*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Zimmerman*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

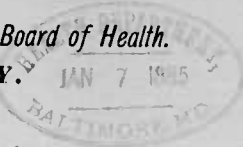
Name of Medical Attendant, or other Person who makes this Return *Dr. Ella C. C. C.*

Address, *126 N. Eden St.*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 22 - 117 Vaspe St*
4. Place of Birth (Street and Number)
5. Full Name of Mother *Arthur C. Quarles*
6. Mother's Maiden Name
7. Mother's Birthplace *King H. Co Va*
8. Full Name of Father *George H. Quarles*
9. Father's Occupation *Master*
10. Father's Birthplace *King H. Co. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Jane D. Boston*
- Address *Hamilton St - #11*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Female

White

Dec. 22.

130 Nord Howard,

Mela Henrietta Rupprecht

Mela Henrietta Loeber

Zettel Nord Germany

Johan Anton Bernhard Rupprecht

Bookbinder

Zettel Nord Germany

Mrs Kathrine Sebald

No 459 West Pratt Street

RETURN OF A BIRTH ⁷⁶³⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 of December*

4. Place of Birth, (Street and Number) *22 Fountain St.*

5. Full Name of Mother, *Eva Klingenkötter*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace, *Bethesda Dorf Prussia*

8. Full Name of Father, *Joh. Klingenkötter*

9. Father's Occupation, *Laborn*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Behnken*

Address, *434 Lancaster St.*

Remarks, *Constant*

RETURN OF A BIRTH

7341

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.
Sex, (state whether male or female) Female.
Race or Color, (if not of the white race)
Date of Birth, 32 of December 1884.
Place of Birth, (Street and Number) 93 Vincent St.
Full Name of Mother, Catharine Doyle.
Mother's Maiden Name, " " Hanley.
Mother's Birthplace, Baltimore County.
Full Name of Father, Michael Doyle.
Father's Occupation, Laborer.
Father's Birthplace, Ireland.
Name of Medical Attendant, or other Person who makes this Return Annie Lindner.
Address, 2945 Monroe St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 22^d 1884

4. Place of Birth, (Street and Number)

101 Bank St.

5. Full Name of Mother,

Mary E. Williams

6. Mother's Maiden Name,

Kaiser

7. Mother's Birthplace,

Calif.

8. Full Name of Father,

Morris Williams

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Calif.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Wh.*

3. Date of Birth, *Decr 22nd '84*

4. Place of Birth, (Street and Number) *176 Madison Ave*

5. Full Name of Mother, *Alice Saunders*

6. Mother's Maiden Name, *Alice M^cCarney*

7. Mother's Birthplace, *Pa.*

8. Full Name of Father, *John Saunders*

9. Father's Occupation, *Upholsterer*

10. Father's Birthplace, *Charlottesville - Va*

Name of Medical Attendant, or other Person who makes this Return, *W. F. Lockwood*

Address, *Park Ave. Madison St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22th of December 1894.

4. Place of Birth, (Street and Number)

E. Baltimore Str 183.

5. Full Name of Mother,

Hannah Cooper

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joseph Cooper.

9. Father's Occupation,

store keeper

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs C. Bernstein

Address,

E. G. T. Pratt Str.

Remarks,

76345

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4 6 1

When

Dec 22/14

170 Greens St

Emma Beach

Stone

Laquois Co Ill

Geo. Vanele

Owner of Trucks

Bull's Head

A. L. F. Kien. 1892

389 11 Lombard St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 23^d 1884

4. Place of Birth, (Street and Number)

270 Eastern Ave

5. Full Name of Mother,

Hulda Fitzberger

6. Mother's Maiden Name,

" Hubsh

7. Mother's Birthplace,

City

8. Full Name of Father,

George Fitzberger

9. Father's Occupation,

Barber

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Mrs Elizabeth Betz

Address,

120 Bank str

Remarks,

RETURN OF A BIRTH 76347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

sex, (state whether male or female) female.

Age or Color, (if not of the white race)

Date of Birth, 22 of December 1884

Place of Birth, (Street and Number) 22 Vincent St.

Full Name of Mother, Mary Shanahan.

Mother's Maiden Name, " " Minihan.

Mother's Birthplace, Ireland.

Full Name of Father, Philip Shanahan.

Father's Occupation, Blacksmith.

Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return Annie Lindner

Address, 45 Morris St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. ☒ (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 23rd 1894
4. Place of Birth, (Street and Number) Landard St 272
5. Full Name of Mother, Elisabeth Behm
6. Mother's Maiden Name, "Kathryn"
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, John Behm
9. Father's Occupation, Blacksmith
10. ☒ her's Birthplace, Baden
- Name of Medical Attendant, or other Person who makes this Return, Mrs R. Ulrey
- Address, 28 Holland St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. *Male* (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 23 1884*

4. Place of Birth, (Street and Number) *42 N. Caroline St.*

5. Full Name of Mother, *Lizzie Louster*

6. Mother's Maiden Name, *Pimpenbrink*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. Louster*

9. Father's Occupation, *Book*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Shinn*

Address, *151 E. Pratt St.*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

352 S. Wadsworth St.
December 23 1884

Alice Whittle
Engert

Tennessee

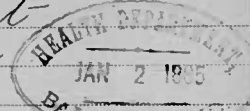
Wm. H. Whittle

Police Officer

Maryland

Chas. A. Allwell

286 N. Donagh St.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 23. 1884

4. Place of Birth, (Street and Number)

346 E Fayette St

5. Full Name of Mother,

Mary A. Jones

6. Mother's Maiden Name,

Gordon

7. Mother's Birthplace,

W. Virginia

8. Full Name of Father,

Plummer Jones

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Caldwell

Address, *286 N. Donagh St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. ☒ (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 23*

4. Place of Birth, (Street and Number) *127 Cherry St*

5. Full Name of Mother, *Elizabeth Dancers*

6. Mother's Maiden Name, *Reynolds*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Dancers*

9. Father's Occupation, *Red Dress*

10. ☒ Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. A. Davis*

Address, *156 N. Eden St.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1th*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 December*
4. Place of Birth, (Street and Number) *430 Lancaster St.*
5. Full Name of Mother, *Caroline Williams*
6. Mother's Maiden Name, *Gibbons*
7. Mother's Birthplace, *Charleston S. Carolin*
8. Full Name of Father, *Frank Williams*
9. Father's Occupation, *Captain*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. G. Rehrken*
- Address, *434 Lancaster St*
- Remarks, *Canton*

RETURN OF A BIRTH ⁷⁶⁵²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 24th 1884

4. Place of Birth, (Street and Number) Holland St 29

5. Full Name of Mother, Jennie Hitchel

6. Mother's Maiden Name, " Ann

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Charles Hitchel

9. Father's Occupation, Broom maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. H. M. Melling

Address, 48 Holland St

Remarks, _____

RETURN OF A BIRTH ⁷⁶³⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. ☒ (state whether male or female) Female

2. Race or Color, (if not of the white race) Wh.

3. Date of Birth, Decr 21st 84

4. Place of Birth, (Street and Number) 49 Boston St.

5. Full Name of Mother, Kate Uydolotte

6. Mother's Maiden Name, Gault

7. Mother's Birthplace, Balto.

8. Full Name of Father, James Uydolotte

9. Father's Occupation, Salesman

10. Father's Birthplace, ?

Name of Medical Attendant, or other Person who makes this Return.

W. J. Lockwood

Address,

Rockwood Marine St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. ☒, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 24th 1884

4. Place of Birth, (Street and Number)

105 S. Caroline St. Balt.

5. Full Name of Mother,

Margaret Froeburg

6. Mother's Maiden Name,

Raeder

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Froeburg

9. Father's Occupation,

House Carpenter

10. ☒ Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hannah Knowles

Address,

105 S. Caroline St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 24 1884

4. Place of Birth, (Street and Number) 22 Patterson Ave

5. Full Name of Mother, Margaret C. Brown

6. Mother's Maiden Name, Miss Paul Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Brown

9. Father's Occupation, Agent

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Dr. C. M. M. M. M.

Address, 714 Penna Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 December*

4. Place of Birth, (Street and Number) *Castel St. No 68*

5. Full Name of Mother, *Ellen Mendlu*

6. Mother's Maiden Name, *Kenney*

7. Mother's Birthplace, *County Clad-Ireland*

8. Full Name of Father, *John Mendlu*

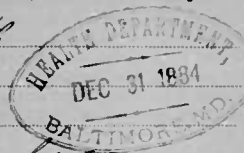
9. Father's Occupation, _____

10. Father's Birthplace, *County-Clad-Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Dr. S. H. Hume*

Address, _____

Remarks, *Lombard St. Ch. 275*



RETURN OF A BIRTH

76360

to the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

, (state whether male or female)

Male

ance or Color, (if not of the white race)

White

ate of Birth,

Dec. 24th 1884

lace of Birth, (Street and Number)

199 Maryland Ave -

ill Name of Mother,

Rosalie Vivian Leftwich

other's Maiden Name,

Rosalie Vivian Lightfoot

other's Birthplace,

Columbus Mississippi

ill Name of Father,

Alexander Tompkins Leftwich

other's Occupation,

Merchant

other's Birthplace,

Lynchburg Virginia

ame of Medical Attendant,

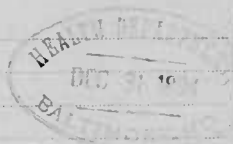
or other Person who makes this Return.

J. Barton Brune M.D.

Address,

365 W. Charles St.

emarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 25th 1884

4. Place of Birth, (Street and Number) Clemons St. No. 327

5. Full Name of Mother, Ellen Maria Wieg

6. Mother's Maiden Name, Barnes

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Gustavus Wieg

9. Father's Occupation, Care member

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Wieg

Address, 48 Hollander St

Remarks,

RETURN OF A BIRTH.

76362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male ~~or Female~~) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Dec 25 1884*
4. Place of Birth (Street and Number) *372 McHenry St*
5. Full Name of Mother *Deborah Jane Fowler*
6. Mother's Maiden Name *Carroll*
7. Mother's Birthplace *Sikesville*
8. Full Name of Father *John Edgar Fowler*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore City*
Name of Medical Attendant, or other Person who makes the Return. *Mrs Jordansoda*
Address *632 Lexington St.*
Remarks *Sickness prevented sending sooner.*

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *December 25*

4. Place of Birth, (Street and Number) *Baltimore Hamburg St 351*

5. Full Name of Mother, *Annie Mcgee*

6. Mother's Maiden Name, *Annie Pollard*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Mcgee*

9. Father's Occupation, *Police*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs M. Shaffer*

Address, *373 Hamburg St*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 25th 1884*

4. Place of Birth, (Street and Number) *181 N. Calvert*

5. Full Name of Mother, *Estelle Kennedy*

6. Mother's Maiden Name, *Estelle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Kennedy*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Geo. H. Reynolds*

Address, *71 N. Calvert St*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 25th 1884
4. Place of Birth, (Street and Number) No 12 S Caroline str
5. Full Name of Mother, Lizzie Dones
6. Mother's Maiden Name, Pecker
7. Mother's Birthplace, City
8. Full Name of Father, William Dones
9. Father's Occupation, Mariner
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz
- Address, 120 Bank str
- Remarks, _____

For each offence to be recovered as other laws and ordinances are recovered.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/3/66}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 24th 1884
4. Place of Birth, (Street and Number) 12 Mulberry St
5. Full Name of Mother, Kate M. Connell
6. Mother's Maiden Name, Kate M. Conn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Hugh M. Connell
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ireland
- Name of Medical Attendant, Susan Hyndes or other Person who makes this Return.
- Address, 21 St. Raphael St
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 d Child

1. Sex, (state whether male or female)

MALE

2. Race or Color, (if not of the white race)

3. Date of Birth,

JAN 2 1894

4. Place of Birth, (Street and Number)

321 S. ...

5. Full Name of Mother,

Frederick ...

6. Mother's Maiden Name,

Berman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Rudolph ...

9. Father's Occupation,

Stonecutter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwarzer, midwife

Address,

330 Hanover St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. ⁷⁶³⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec 25th 1887*

4. Place of Birth, (Street and Number) *N 381 Light St*

5. Full Name of Mother, *Rachael Ann Ross*

6. Mother's Maiden Name, *Rachael Ann Prince*

7. Mother's Birthplace, *Philadelphia Penn*

8. Full Name of Father, *Robert Hanson Ross*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs M A Cottrell*

Address, *11 28th Warren Ave.*

Remarks, *The living is ill in the course of the delivery of the infant.*

For each address to be preserved as other laws and ordinances are recoverable.

RETURN OF A BIRTH

76369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 25

4. Place of Birth, (Street and Number)

Pierce St No 168

5. Full Name of Mother,

Elizabeth Linsenmeyer

6. Mother's Maiden Name,

Abold

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Martin Linsenmeyer

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Bavaria

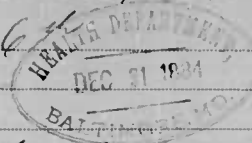
Name of Medical Attendant, or other Person who makes this Return,

Mrs. Dumber

Address,

600 North Schaefer

Remarks,



or for each child of a mother who has been previously reported with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 26th 1884

4. Place of Birth, (Street and Number)

No 13 Abbey Alley

5. Full Name of Mother,

Sarah Hoofman

6. Mother's Maiden Name,

Sarah Langdon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrich Hoofman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Katharine Hornung

Address,

No 18 Byrd St.

Remarks,

RETURN OF A BIRTH, 76372

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether male or female) _____ *Female*

2. Race or Color, (if not of the white race) _____ *Light Brown Skin*

3. Date of Birth _____ *December 26. 1884*

4. Place of Birth, (Street and Number) _____ *No. 7. Short Street*

5. Full Name of Mother _____ *Harriet Ann Moore*

6. Mother's Maiden Name _____ *Harriet Ann Johnson*

7. Mother's Birthplace _____ *Leicester County*

8. Full Name of Father _____ *Levie Moore*

9. Father's Occupation _____ *Drayman*

10. Father's Birthplace _____ *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. _____ *Ann Campbell*

Address _____ *No. 1. Union Alley*

Remarks _____ *Live and Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

for each address to be recovered as other files and for entries are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 2 1884

4. Place of Birth, (Street and Number)

88 Broadway South. Balt.

5. Full Name of Mother

Maggie Sevier

6. Mother's Maiden Name

Mack

7. Mother's Birthplace

Germany

8. Full Name of Father

Jacob Sevier

9. Father's Occupation

Wholesale

Father's Birthplace

Germany

Name of Medical Attendant

or other Person who makes this Return

Dr. Hannah Shurt

Address

308 Caroline St

Remarks

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

5

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)...

negro

3. Date of Birth,

Dec 27th

4. Place of Birth, (Street and Number)

No 20 Carlton St

5. Full Name of Mother,

Mary J Baucker

6. Mother's Maiden Name,

Mary J

7. Mother's Birthplace,

Cambridge and

8. Full Name of Father,

John Baucker

9. Father's Occupation,

Oyster business

10. Father's Birthplace,

Cambridge and

Name of Medical Attendant, or other Person who makes this Return

Wm B Baucker

Address,

No 20 Carlton St

Remarks,

See City



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 27th 1884

4. Place of Birth, (Street and Number)

65 N. Schroeder St

5. Full Name of Mother,

Charlotte Markert

6. Mother's Maiden Name,

"

Lohmeyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Markert

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Joseph L. Thomas M.D.

Address,

47 E. Woodson Ave

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth

December 27 1884

Place of Birth, (Street and Number)

60 Spruancan Alley

Full Name of Mother,

Sophia Young

Mother's Maiden Name,

Wustem

Mother's Birthplace,

Germany

Full Name of Father,

Thos. M. Young

Father's Occupation,

Baker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mary C. Atwell

Address, 286 N. Donogh St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 27 1884

4. Place of Birth, (Street and Number)

502 E Chase St

5. Full Name of Mother,

Clara H. Demmington

6. Mother's Maiden Name,

Clark

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas. C. Demmington

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

Plasterer

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 W Donagh St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 27, 1884*

4. Place of Birth, (Street and Number) *299 W Hoffman St.*

5. Full Name of Mother, *Louisa T. Terrier*

6. Mother's Maiden Name, *Seltzer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm R Terrier*

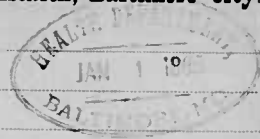
9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return

Address, *Marking Brewer M.D.*

Remarks, *68 N Calhoun Street*



To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *January 27*

4. Place of Birth, (Street and Number) *James Court no 4*

5. Full Name of Mother, *Mary Jane Carter*

6. Mother's Maiden Name, *Mary Jane Johnson*

7. Mother's Birthplace, *Readland, Dorchester County, Md*

8. Full Name of Father, *James Henry Johnson*

9. Father's Occupation, *doctor*

10. Father's Birthplace, *Naples*

Name of Medical Attendant, or other Person who makes this Return *Sudan Morgan*

Address, *47 North Durham Street*

Remarks,

any person who furnishes false information in this return shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

71381

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *27th of December*

4. Place of Birth, (Street and Number) *111th of Tenny Street*

5. Full Name of Mother, *Matilda Patton*

6. Mother's Maiden Name, *Matilda Stephens*

7. Mother's Birthplace, *Washington*

8. Full Name of Father, *James Stephens*

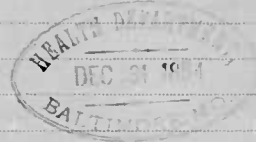
9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Leicester M. D.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Glasgow*

Address, *111th of Tenny Street*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father.

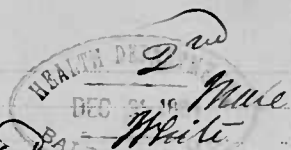
Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Dec 29 1884
#7 Wynd St
Ellen Keiley
Ellen Giffin
Mrs.
William H. Keiley
Doctor Maker
Baltimore
H. B. Robt. Mm
50 Warren St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. sixth*

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December 27. 1884.

4. Place of Birth, (Street and Number)

103. Conway St.

5. Full Name of Mother,

Louise Wallis

6. Mother's Maiden Name,

Louise Volker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John W. Wallis

9. Father's Occupation,

Police Officer

Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Kunigunda Schlifer

Address,

20 Columbia St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 27th 1884*

4. Place of Birth, (Street and Number) *343 Chelmsford St*

5. Full Name of Mother, *Albena Francis Francis*

6. Mother's Maiden Name, *Albena Francis Minors*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Andrew J. Francis*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Geo. B. Raymond*

Address, *171 N. Calvert St*

Remarks,

For each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ¹⁸⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or ~~Color~~, (if not of the white race) White

3. Date of Birth, 27 December

4. Place of Birth, (Street and Number) 286 Cross St.

5. Full Name of Mother, Mary Anna Harg

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Harg

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. M. W. Mearns

Address, 1 Luccanfull H.

Remarks,

Every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 8th 1884*

4. Place of Birth, (Street and Number) *206 E. Eyster St.*

5. Full Name of Mother, *Mary Ellen Hooper*

6. Mother's Maiden Name, *M. E. Murphy*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Samuel Raphael Hooper*

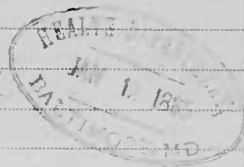
9. Father's Occupation, *Merchant*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return

Address, *299 E. Baltimore St.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 18th 1887*

4. Place of Birth, (Street and Number) *#184 Chestnut St.*

5. Full Name of Mother, *Mary C. Green*

6. Mother's Maiden Name, *Hanaway*

7. Mother's Birthplace, *Balta Md.*

8. Full Name of Father, *Samuel A. Green*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Balta Md.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Hillquist*

Address, *#102 E. Monument St.*

Remarks,

For each address to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

19 Dec. 1887

4. Place of Birth (Street and Number)

79 Patterson Pl. Ave. (South)

5. Full Name of Mother

Mrs. Mary Douglass

6. Mother's Maiden Name

Cooksey

7. Mother's Birthplace

E. P. Md.

8. Full Name of Father

Jas. Douglass

9. Father's Occupation

Painter

10. Father's Birthplace

Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Leonard M.D.

Address

34 E. Balt. St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Dec. 21st 1887

Place of Birth, (Street and Number) 14 Forest Place

Full Name of Mother, Ellen M. Gable

Mother's Maiden Name, Mrs. Gable

Mother's Birthplace, Baltimore

Full Name of Father, Charles M. Gable

Father's Occupation, Brass Manufacturer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. Henry Gillespie

Address, #182 E. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~5th~~ 5th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Dec 23rd 1889

Place of Birth, (Street and Number)

412 N E Ave St

Full Name of Mother,

Alma Marshall

Mother's Maiden Name,

Paizo

Mother's Birthplace,

Richmond Virg

Full Name of Father,

Lewis Marshall

Father's Occupation,

Brick Layer

Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Billings

Address,

225 E. Poutan St

Remarks,

RETURN OF A BIRTH 76391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 24 1884

4. Place of Birth, (Street and Number) 145 Lewis St.

5. Full Name of Mother, Bertha Russell

6. Mother's Maiden Name, Wartigane

7. Mother's Birthplace, Germany

8. Full Name of Father, Robert Russell

9. Father's Occupation, Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. David Millerist

Address, 182 E. Monument St.

Remarks,

For each address to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st and 2nd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 24 1884* *7 A.M.*

4. Place of Birth, (Street and Number) *44 Canton St. C.*

5. Full Name of Mother, *Annie Mary Samuel*

6. Mother's Maiden Name, *J. M. Baker*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Calvin Daniel Samuel*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *James W. Arnold M.D.*

Address, *277 E. Baltimore St.*

Remarks,

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 23rd 1884

4. Place of Birth, (Street and Number)

1298 E. Monument St.

5. Full Name of Mother,

Carrie Thompson

6. Mother's Maiden Name,

Gravestone

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Charles Thompson

9. Father's Occupation,

Fruit Dealer

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. Henry H. Hagerist

Address,

1182 E. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 27 - 1934

4. Place of Birth, (Street and Number) O'Donnell St. near Gt. Linton

5. Full Name of Mother, Babette Kue

6. Mother's Maiden Name, Edwards

7. Mother's Birthplace, Germany

8. Full Name of Father, Daniel Rack

9. Father's Occupation, Carphonter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 15 E Pratt St.

Remarks,

RETURN OF A BIRTH 7395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9^d*
1. Sex, (state whether ~~male~~ or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *27th December 6th 1895*
4. Place of Birth, (Street and Number) *Wellsstr 448*
5. Full Name of Mother, *Marie Jenkins*
6. Mother's Maiden Name, *Marie Arnold*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Eduard Jenkins*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Johanna Grosse*
- Address, *Riddelstr 107*
- Remarks, *Lying In Placenta*

RETURN OF A BIRTH, 76296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

December 28, 1884

4. Place of Birth, (Street and Number)

425 E. Bager St

5. Full Name of Mother,

Sarah E. Hawkins

6. Mother's Maiden Name,

Arnold

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas. Hawkins

9. Father's Occupation,

Restaurant-keeper

10. Father's Birthplace,

Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 Mc Donogh St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth *December 28th. 1884.*

Place of Birth, (Street and Number) *No. 329. Preston St.*

Full Name of Mother, *Olivera Midzel*

Mother's Maiden Name, *Olivera Sommerhal*

Mother's Birthplace, *Frederick County.*

Full Name of Father, *Joseph Midzel*

Father's Occupation, *Superintendent Highland Town*

Father's Birthplace, *Baltimore Caro*

Name of Medical Attendant, *or other Person who makes this Return. M. A. Butt.*

Address, *No. 185 S. E. or Central av. N. Monument St.*

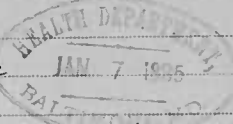
Remarks, *All well*

for each office to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH, 76398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 28th 1884
4. Place of Birth, (Street and Number) 31 Little Mac Keldery St.
5. Full Name of Mother, Mary Sollinger
6. Mother's Maiden Name, Mary Shtetker
7. Mother's Birthplace, Russia
8. Full Name of Father, Chas. Sollinger
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other Person who makes this Return, M. A. Butt.
Address, 185 S. E. cor Central av. & Monument St.
Remarks, All Well



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8th child*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 28th of December 1884*
4. Place of Birth, (Street and Number) *No. 182 182 Constitution*
5. Full Name of Mother, *Lizzie Samuel*
6. Mother's Maiden Name, *Lizzie Wiley*
7. Mother's Birthplace, *Born at Camden New Jersey*
8. Full Name of Father, *George Samuel*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Born in Cecil County Maryland*
Name of Medical Attendant, or other Person who makes this Return, *Dr. Ch. Jones*
Address, *No 173 Harford Crest*
Remarks, *Baltimore Md.*
1884

RETURN OF A BIRTH

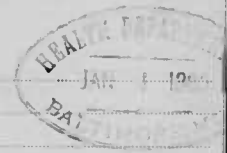
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
- Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth. *sunday december 28 1901*
4. Place of Birth, (Street and Number) *483 chapple street east*
5. Full Name of Mother, *E. lizzie belt lewis*
6. Mother's Maiden Name, *E. lizzie belt johnson*
7. Mother's Birthplace, *sunset country ind*
8. Full Name of Father, *john henry lewis*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return *marion morgan*
- Address, *47 north durham street*
- Remarks,

RETURN OF A BIRTH

7-4-01

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

colored

Date of Birth,

Dec 28 - 84

Place of Birth, (Street and Number)

37 Boyd St

Full Name of Mother,

Eliza Hodgins

Mother's Maiden Name,

Bowles

Mother's Birthplace,

Cambridge Md

Full Name of Father,

John Hodgins

Father's Occupation,

Driver

Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Ann Cornish

Address,

34 Boyd St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Eighty

Sex

White

December

7th

1884

7th S. Chester St

Clara Waters

Clara Sherwood

Baltimore

John Waters

Captain

Eastern Shore Md

Mrs R. A. Garrett

No 65 Burke St

HEALTH DEPARTMENT

DEC 31 1884

BALTIMORE

1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 December

4. Place of Birth, (Street and Number) 276 S. Sharp St.

5. Full Name of Mother, Elize Gumpman

6. Mother's Maiden Name, Ambust

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo. Gumpman

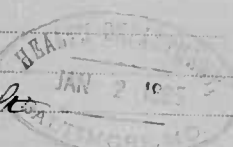
9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. M. M.

Address, 1 S. E. 1st St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Natural

3. Date of Birth, Dec 28th 1884

4. Place of Birth, (Street and Number) 87 E. 2nd St

5. Full Name of Mother, Harriet Eliza Berg

6. Mother's Maiden Name, Harriet Eliza Parke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Berg

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, Harriet Jackson
or other Person who makes this Return.

Address, 14 Congress St. Baltimore

Remarks, _____

For each instance to be recorded as other cases and for all others are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 28th 1897

4. Place of Birth, (Street and Number)

294 Hancock St.

5. Full Name of Mother,

May Jane

6. Mother's Maiden Name,

Reine

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Carl Schre

9. Father's Occupation,

Theater actor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Howard Nichols

Address,

330 Hancock St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September the 28, 1884*

4. Place of Birth, (Street and Number) *S. Eden St. No. 163.*

5. Full Name of Mother, *Katharine Proff*

6. Mother's Maiden Name, *Katharine Sehlmann*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Philipp Proff*

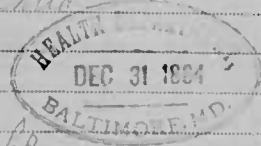
9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



For every violation of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 28 1884.

4. Place of Birth, (Street and Number)

224 Linden Ave.

5. Full Name of Mother,

Mollie Goldman

6. Mother's Maiden Name,

Mollie Nelson

7. Mother's Birthplace,

New York City

8. Full Name of Father,

Harry Goldman

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. P. Lueders

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

28th.

4. Place of Birth, (Street and Number)

513 W. Lombard Street

5. Full Name of Mother,

Mary Allie Reed.

6. Mother's Maiden Name,

Mary Allie Whalin.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Parot Reed.

9. Father's Occupation,

Moulder.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter.

Address,

21 N. Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 29. 1887

4. Place of Birth, (Street and Number)

366 Division Street

5. Full Name of Mother,

Mary McQuinnis

6. Mother's Maiden Name,

McNamara

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael McQuinnis

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Marbury Brown M.D.

Address,

68 W. Calvert Street

Remarks,

For a fee of ten dollars for each return, to be returned as other fees and penalties are recoverable.

RETURN OF A BIRTH

767110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, Dec. 29 - 1884
 Place of Birth, (Street and Number) 86 Hammy Lane
 Full Name of Mother, Carrie H. Weaver
 Mother's Maiden Name, Carrie Hartman
 Mother's Birthplace, B. C.
 Full Name of Father, George Weaver
 Father's Occupation, Horse Painter
 Father's Birthplace, B. C.
 Name of Medical Attendant, or other person who makes this Return J. H. Haverly, M.D.
 Address, Calumet & E. Division
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 birth*

1. Sex, (state whether male or female) *mal*

2. Race or Color, (if not of the white race) *whit*

3. Date of Birth, *29 Decem 1884*

4. Place of Birth, (Street and Number) *Monument St. 454*

5. Full Name of Mother, *Anna Lebhart*

6. Mother's Maiden Name, *Replein*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Christop Lebhart*

9. Father's Occupation,

10. Father's Birthplace, *Witzenhausen - Hessen - Garm*

Name of Medical Attendant, or other Person who makes this Return, *Dr. M. M. M. M.*

Address,

Remarks, *Lo m bar Str. 228*

For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 27 1884

4. Place of Birth, (Street and Number) 436 N. Calhoun

5. Full Name of Mother, Lophia T. Bushman

6. Mother's Maiden Name, Rieger

7. Mother's Birthplace, Pa

8. Full Name of Father, John C. Bushman

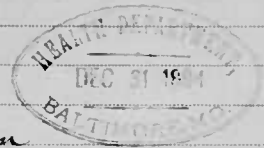
9. Father's Occupation, Tobacconist

10. Father's Birthplace, Pa

11. Name of Medical Attendant, or other Person who makes this Return

Address, 506 Madison Ave

Remarks,



only receipt of persons who make this return, and who are not subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

7/1/65

to be used for their office, i.e. no receptacles or other things are receivable.

112

Male

White

29th December 1884

1203 Cook's Street L.P. City
Lars Brown

Mary Brown

W. J. Nowack

Kreuz Prov. Posen

Julius Brown

Seaman

Stattin Pro. Rummern

Ellis Schaffer

(Co.) Fort, are + Tonson St. L. Nat. Hist. City

Remarks.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth December 29th 1884

4. Place of Birth, (Street and Number) 512 N. Washington St.

5. Full Name of Mother, Ella Holland

6. Mother's Maiden Name, Ella Smith.

7. Mother's Birthplace, Texas

8. Full Name of Father, Frank Holland

9. Father's Occupation, Carr driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 E. or Central av. Monument St.

Remarks, All well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *29th of December*
4. Place of Birth, (Street and Number) *No. 6 York Green St.*
5. Full Name of Mother, *Blanche Piegner*
6. Mother's Maiden Name, *Blanche Marshall*
7. Mother's Birthplace, *Paris, (France)*
8. Full Name of Father, *Carl Alfred Piegner*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Schandau (Saxony) Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dämmer*
- Address, *20 North Schroeder St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 41

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 29

4. Place of Birth, (Street and Number) 76 McCleary St

5. Full Name of Mother, Lizzie Grant

6. Mother's Maiden Name, Marrett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Grant

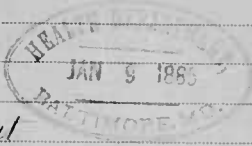
9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Chiu

Address, 156 N. E. Ave.

Remarks,



THIS FORM OF THIS RETURN MAY BE OBTAINED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, ON REQUEST.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 December

4. Place of Birth, (Street and Number) 120 E. 1st

5. Full Name of Mother, Annie Wheat

6. Mother's Maiden Name, Straub

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wheat

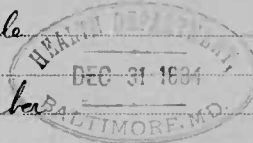
9. Father's Occupation, Circus man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard street

Remarks,



RETURN OF A BIRTH

76418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

Sex, (state whether male or female)...

Female
White

Race or Color, (if not of the white race)

Date of Birth,

December 29th

Place of Birth, (Street and Number)

180 George St

Full Name of Mother,

Mary Bruger

Mother's Maiden Name,

Mary Kridg

Mother's Birthplace,

Baltimore

Full Name of Father,

Frank Bruger

Father's Occupation,

Fruit Dealer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Ida J. J. J. J.

Address,

No 4 New

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 29: 84

4. Place of Birth, (Street and Number)

240 Maryland Ave

5. Full Name of Mother,

Mary C. Bosley

6. Mother's Maiden Name,

Cockey

7. Mother's Birthplace,

Baltimore Co

8. Full Name of Father,

Mr Henry Bosley

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Co

Name of Medical Attendant,

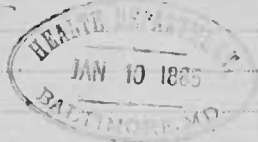
or other Person who makes this Return

Chas. Williams

Address,

201 Madison Ave

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 29th 1884*

4. Place of Birth, (Street and Number) *98 Edmonson Ave.,*

5. Full Name of Mother, *Annie Berger*

6. Mother's Maiden Name, *Braunstein*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Louis Berger*

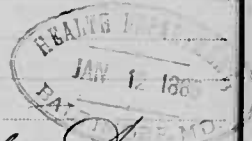
9. Father's Occupation, *Barber*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *W. B. Sullivan M.D.*

Address, *46 West Biddle St.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Margaret Cross

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Dec 29th 1884

Place of Birth, (Street and Number)

206 Harford Ave

Full Name of Mother,

Lizzie Cross

Mother's Maiden Name,

Barbour

Mother's Birthplace,

Balti. Md.

Full Name of Father,

Bryan Cross

Father's Occupation,

Police

Father's Birthplace,

Balti Co Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Billings

Address,

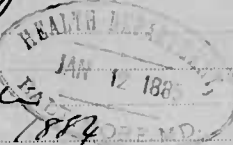
228 E. Boston St

Remarks,

GIVEN NAME ADDED.

7-16-53

L. M.



RETURN OF A BIRTH ^{7/4/22}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 29th 1899*

4. Place of Birth, (Street and Number) *1589 Peach Alley*

5. Full Name of Mother, *Mathew Wentzel*

6. Mother's Maiden Name, *Wildebrand*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Wentzel*

9. Father's Occupation, *Boys maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *J. Schwartz midwife*

Address, *530 Hanover St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 29th 1884

4. Place of Birth, (Street and Number)

No. 13 St Peter st.

5. Full Name of Mother,

Wilhelmine Bauer

6. Mother's Maiden Name,

Brant.

7. Mother's Birthplace,

America

8. Full Name of Father,

Carl Bauer

9. Father's Occupation,

Patent finisher

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return,

J. Schwaiger midwife

Address,

330 Canons st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Free Negro*
3. Date of Birth, *White*
4. Place of Birth, (Street and Number) *No 113 S. Bond St*
5. Full Name of Mother, *Mrs E Elizabeth Miller*
6. Mother's Maiden Name, *Reith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Miller*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Goetzke*
- Address, *No 33 S. Bond St*
- Remarks,

RETURN OF A BIRTH ^{7/6/35}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27th of September

4. Place of Birth, (Street and Number) 132 Baraloga St

5. Full Name of Mother, Christina Röhl

6. Mother's Maiden Name, Kühn

7. Mother's Birthplace, Lamberg Prussia

8. Full Name of Father, John Hilff Kuhn

9. Father's Occupation, Tailor

10. Father's Birthplace, Anlack Böhmen Prussia

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 St. Raphael St

Remarks, _____

RETURN OF A BIRTH ⁷⁶⁴²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

2. Sex, (state whether male or female) ^{Male}

3. Race or Color, (if not of the white race) ^{White}

4. Date of Birth, ^{Dec. 30th 1884}

5. Place of Birth, (Street and Number) ^{Baltimore Penn. St. N^o. 128}

6. Full Name of Mother, ^{Mary. Hiland}

7. Mother's Maiden Name, ^{" Harchy}

8. Mother's Birthplace, ^{Baltimore}

9. Full Name of Father, ^{William Hiland}

10. Father's Occupation, ^{Machinist}

11. Father's Birthplace, ^{Baltimore}

Name of Medical Attendant, or other Person who makes this Return. ^{Mrs. C. Mitchell}

Address, ^{N^o. 54 Schroder St.}

Remarks,

RETURN OF A BIRTH

To the Office of Registrar, of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31st Dec. 1884

4. Place of Birth, (Street and Number)

468 Lexington + Camden St

5. Full Name of Mother,

Mary Raff

6. Mother's Maiden Name,

Mary Raff

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Raff

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs D. M. Miller

Address,

60 North Frederick St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 30, 1884

4. Place of Birth, (Street and Number)

309 Orleans St.

5. Full Name of Mother,

Kate Gessler

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Gessler

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

Cigar maker

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Caldwell

Address, 286 E. Donagh St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

The 3rd Child
Male
White

No 8 Concord Street
The 30 of December 1884

Lizzie Dunn
Wm Lizzie Kelly
Baltimore
Joseph B. Dunn
Stone-matcher
Baltimore

Mrs Ch. Lauer
No 173 Hayford Ave
Baltimore Md.
1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 30 1884

4. Place of Birth, (Street and Number)

9 Patterson Ave.

5. Full Name of Mother,

Emma V. Wiggington

6. Mother's Maiden Name,

Ross

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Benj. F. Wiggington

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

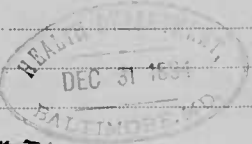
W. Va.

Name of Medical Attendant, or other Person who makes this Return

Address,

2506 Madison Ave.

Remarks,



any person who fails to file a return for each officer to be recovered as other fines and penalties are recoverable to a fine of 10 dollars for each officer to be recovered as other fines and penalties are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd - 3rd child. (twins)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December the 30, 1884

4. Place of Birth, (Street and Number)

L. Bond St. No. 313

5. Full Name of Mother,

Lima Klepper

6. Mother's Maiden Name,

Lima Lange

7. Mother's Birthplace,

Braunschweig, Fürst. Braunschweig, Germany

8. Full Name of Father,

Charles Klepper

9. Father's Occupation,

Butter dealer

10. Father's Birthplace,

Bassel, N. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return.

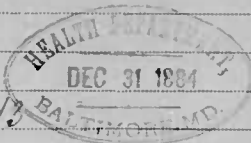
Mary E. Miller

Address,

W. Dallas St. No. 26

Remarks,

twins



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W. 2 10

3. Date of Birth,

Dec 30, 1887

4. Place of Birth, (Street and Number)

No. 390 S. Charter St.

5. Full Name of Mother,

Caroline Schwarz

6. Mother's Maiden Name,

Chaumarr

7. Mother's Birthplace,

America

8. Full Name of Father,

Lucas Schwarz

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH, 76434

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Age, (state whether 1st, 2d, 3d, &c.) = 2 ^{not}

Sex (male or female) = Male

Race (not of the white race) = Mulatto

Date of Birth = December 30 1884

Place of Birth (Street and Number) = 15 Union Alley

Name of Mother = Sarah E. Smith Dungee

Name of Father = Sarah E. Smith

Place of Birth (City) = Baltimore City

Name of Physician = William H. Dungee

Place of Birth (City) = Baltimore City

Name of Attendant = Thos. Camphor

Place of Birth (City) = Union Alley

Name of Attendant = Thos. Camphor

Place of Birth (City) = Union Alley

Name of Attendant = Thos. Camphor

Place of Birth (City) = Union Alley

Name of Attendant = Thos. Camphor

Place of Birth (City) = Union Alley

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

30th Dec 1899

4. Place of Birth, (Street and Number)

116 Parken Alley

5. Full Name of Mother,

Bridget Mc donna

6. Mother's Maiden Name,

Bridget Martin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Pat Mc donna

9. Father's Occupation,

Labor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mr. & Mrs. Gray

Address,

123 South Chester St

Remarks,

Healthy child

RETURN OF A BIRTH, 7/1/36

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 30. 24
4. Place of Birth, (Street and Number) 39 South St.
5. Full Name of Mother Mary M. Campbell
6. Mother's Maiden Name Bauer
7. Mother's Birthplace Cumberland Md
8. Full Name of Father George J. Campbell
9. Father's Occupation Shoe-Care maker
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Stewart M.D.
Address 282 W. Lombard St
Remarks

RETURN OF A BIRTH, 76437

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec. 30. 04

4. Place of Birth, (Street and Number)

413 W. Fayette St

5. Full Name of Mother

Emma Porter

6. Mother's Maiden Name

" Douglas.

7. Mother's Birthplace

Wilmington, N.C.

8. Full Name of Father

Robert F. Porter.

9. Father's Occupation

Accountant

10. Father's Birthplace

Portsmouth, Va.

Name of Medical Attendant, or other Person who makes this Return.

Alvord W. S.

Address

212 W. Lombard St

Remarks

RETURN OF A BIRTH, 76438

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Tuesday Dec. 30th 1884

4. Place of Birth, (Street and Number) No. 139 Lemmon Alley

5. Full Name of Mother Mary Reinhard

6. Mother's Maiden Name Anna Arnold

7. Mother's Birthplace Baltimore

8. Full Name of Father John Reinhard

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Gell.

Address No. 27 Bantock St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

7/1/39
2nd
Male
White
August 1897
146 Harrison St
Oda Taylor
" Alex
Baltimore Co
Joseph Taylor
Dr.
Baltimore
Wm. C. Coker M.D.
146 Harrison St
p. 23

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *German*

3. Date of Birth, *Dec 23rd 1881*

4. Place of Birth, (Street and Number) *Philpot Alley, Md*

5. Full Name of Mother, *Isabelle Oppenheimer*

6. Mother's Maiden Name, *Lowenthal*

7. Mother's Birthplace, *Balto. Md*

8. Full Name of Father, *Samuel Oppenheimer*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *France*

Name of Medical Attendant, or other Person who makes this Return, *Mrs R. Allen*

Address, *48 So. Howard St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

female

Age or Color, (if not of the white race)

Place of Birth,

10 dec 1884

Place of Birth, (Street and Number)

Russell

Full Name of Mother,

Francis Phalmer

Mother's Maiden Name,

Shurtz

Mother's Birthplace,

Balto

Full Name of Father,

George Phalmer

9. Father's Occupation,

single

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return,

A. H. Smith

Address,

Howard St 314

Remarks,



RETURN OF A BIRTH 76442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

December

10 JAN 12 1885

4. Place of Birth, (Street and Number)

West St 208

5. Full Name of Mother,

Francis Heath

6. Mother's Maiden Name,

Healsitor

7. Mother's Birthplace,

Thent island

8. Full Name of Father,

Henry Heath

9. Father's Occupation,

farmer

10. Father's Birthplace,

Thent island

Name of Medical Attendant, or other Person who makes this Return.

A Wilson

Address,

Howard St 314

Remarks,

GIVEN NAME ADDED 11-19-57
RETURN OF A BIRTH 76413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Hannelta Jennings
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *11 December 1885*
4. Place of Birth, (Street and Number) *Chimney St 48*
5. Full Name of Mother, *Margaret Jennings*
6. Mother's Maiden Name, *Morgan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Jennings*
9. Father's Occupation, *carter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *A. Wilson*
Address, *Howard St 314*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

16 December

JAN 12 1885

4. Place of Birth, (Street and Number)

Welcoming

5. Full Name of Mother,

Margaret Bailey

6. Mother's Maiden Name,

Lila Ha

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George Bailey

9. Father's Occupation,

single

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

A. Wilson

Address,

Harvard St 214

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JAN 12 1888

Alice Johnson
Johnson
Baltimore
Frank Johnson
Single
Baltimore
A. Wilson
Harvard 2314

RETURN OF A BIRTH, 76446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *30th of December 1884*

4. Place of Birth, (Street and Number) *216 Bank St.*

5. Full Name of Mother, *Eliza Virginia Stanley*

6. Mother's Maiden Name, *Eliza Virginia McHardy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Stanley*

9. Father's Occupation, *Ste. cutter*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wilson*

Address, *No. 12 Patterson Park Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 30 1884
4. Place of Birth, (Street and Number) 549 Sanson St
5. Full Name of Mother, Sarah Abirta Bokman
6. Mother's Maiden Name, Sarah Abirta Borgeall
7. Mother's Birthplace, Balto
8. Full Name of Father, Francis, Rudolph, Bokman
9. Father's Occupation, Coverhanger
10. Father's Birthplace, Balto
Name of Medical Attendant, or other Person who makes this Return, Mrs. Hunter
Address, 21 No. Poppleton St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 December

4. Place of Birth, (Street and Number) 446 Canton Avenue

5. Full Name of Mother, Caroline Relfers

6. Mother's Maiden Name, = Tervers

7. Mother's Birthplace, Beverungen Prussia

8. Full Name of Father, Herman Relfers

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Steinfeld Oldenburg Germ

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. Behnken

Address,

434 Lancaster St

Remarks,

Canton.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 30th 1884*

4. Place of Birth, (Street and Number) *W. Hanover*

5. Full Name of Mother, *Mina Heard*

6. Mother's Maiden Name, *Possey*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *J. E. Heard*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return, *Geo. B. Reynolds M.D.*

Address, *171 W. Calvert St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 30th 1884

4. Place of Birth, (Street and Number)

123 Harford Ave.

5. Full Name of Mother,

Katolic Greender

6. Mother's Maiden Name,

Mrs. Greender

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Theodore Greender

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return,

Dr. J. H. Hillgerst

Address,

182 E. Monument St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 30th 1884*
4. Place of Birth, (Street and Number) *437 Hamburg Street*
5. Full Name of Mother, *Alvian Prisco*
6. Mother's Maiden Name, *Alvian Toland*
7. Mother's Birthplace, *Baltimore Maryland*
8. Full Name of Father, *Alexander Prisco*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Charleston West Va*
- Name of Medical Attendant, or other Person who makes this Return, *Susan Shuster*
- Address, *21 So Regent St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31st December 1884

4. Place of Birth, (Street and Number) 262 Lanvale

5. Full Name of Mother, Emma Harr

6. Mother's Maiden Name, " Musick

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Harr

9. Father's Occupation, Brewer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, M. H. McNetey

Address, 67 Harrow

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 31st. 1884

4. Place of Birth, (Street and Number)

No 214 N. Edm. St.

5. Full Name of Mother,

Margreta Glenn

6. Mother's Maiden Name,

Margreta

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert Glenn

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

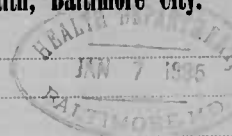
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 31st 1884

4. Place of Birth, (Street and Number)

183 S Ann St

5. Full Name of Mother,

May E. Doyle

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

City

8. Full Name of Father,

Lawrence Doyle

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Bets

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9th December*
4. Place of Birth, (Street and Number) *138 Patterson Ave.*
5. Full Name of Mother, *Hannie Nelson*
6. Mother's Maiden Name, *Reynolds*
7. Mother's Birthplace, *Maryland. Chilton*
8. Full Name of Father, *Andrew Nelson*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Virginia Northumberland Co*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Nash*
- Address,
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Date of 31. Dec. 1884
4. Place of Birth, (Street and Number) 23 Essex St.
5. Full Name of Mother, Elizabeth Klingelhofer.
6. Mother's Maiden Name, Waisel.
7. Mother's Birthplace, Russian Germany
8. Full Name of Father, David Klingelhofer
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Prussian Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley
- Address, No 12 Patterson Park Av.
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth 31 December 1884

4. Place of Birth, (Street and Number) 506 E. St. John's St.

5. Full Name of Mother, Annie Elbert.

6. Mother's Maiden Name, Annie Bilyon

7. Mother's Birthplace, Germans

8. Full Name of Father, August Elbert

9. Father's Occupation, Butcher

10. Father's Birthplace, Germans

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, 12 Patterson Park Ave

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Date of 31 Dec. 1884*
4. Place of Birth, (Street and Number) *53 Essex St*
5. Full Name of Mother, *Mary Winger*
6. Mother's Maiden Name, *Mickaberger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Winger*
9. Father's Occupation, *Ship Smith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wiley*
- Address, *No 62 Patterson Park Ave.*
- Remarks, _____

RETURN OF A BIRTH ⁷⁶⁴⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Stern
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *German*
3. Date of Birth, *Dec 31st 1887*
4. Place of Birth, (Street and Number) *Walton St No 175*
5. Full Name of Mother, *Rosa Stern*
6. Mother's Maiden Name, *Oppenheimer*
7. Mother's Birthplace, *Washington D. C.*
8. Full Name of Father, *Salomon Stern*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. R. V. V.*
Address, *18 St. Paul and St.*
Remarks, **COPIES MADE ADDED 4-7-53**
L.M.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 31st 1884
4. Place of Birth, (Street and Number) No. 55 Registrar St.
5. Full Name of Mother, Aussie Rock
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Rock
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Salomon Simonson
- Address, No 70 Grand St.
- Remarks,

RETURN OF A BIRTH 7646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 31st 84

4. Place of Birth, (Street and Number) Maternite Hospital

5. Full Name of Mother, Mary Lewis

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Med.

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. J. R. Nordmann M.D.

Address, _____

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76462
1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 20 1884

4. Place of Birth, (Street and Number)

No 31 of Deumber

5. Full Name of Mother,

Mary Lauer

6. Mother's Maiden Name,

Mary E. E.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Lauer

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Lauer

Address,

No 113 Hazard Ave

Remarks,

Baltimore Md.

1884

RETURN OF A BIRTH, 7646¹³

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. 7646¹³ Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Wash Dec 31st 1884
4. Place of Birth, (Street and Number) 42 23^d Street N
5. Full Name of Mother Mary Gether
6. Mother's Maiden Name Mary Ruhl
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Gether
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return. Catharine Dell.
Address No. 37 Baiter Barlatte St
Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☐ Child of Mother (state whether 1st, 2d, 3d, &c)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

W.C.

3. Date of Birth

31st December

4. Place of Birth (Street and Number)

112 Welcome Alley

5. Full Name of Mother

Mary Swoss

6. Mother's Maiden Name

Mary Smith

7. Mother's Birthplace

Boston

8. Full Name of Father

Robert Swoss

9. Father's Occupation

Waiter

10. Father's Birthplace

Chas. - Leo. Wm

Name of Medical Attendant, or other Person who makes this Return.

Margaret Wilson

Address

112 Welcome Alley

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ~~Archibald Bishop~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

76266

BALTIMORE CITY.

84-

Male

12 hrle

Dec 31st -

74 Reggle are

Emma Farr

Summa Hgs -

Baltimore

Wesley B. Farr

Shed Down stroke -

Baltimore

Wm. W. Bridge

Wm. W. Bridge

Wm. W. Bridge

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 31

4. Place of Birth, (Street and Number) Jersey Street No 146

5. Full Name of Mother, Suzanne Kahn

6. Mother's Maiden Name, Eidenbacher

7. Mother's Birthplace, Germania

8. Full Name of Father, Benj. Kahn

9. Father's Occupation, Printer

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return, Dr. H. M. M. M.

Address, 1 Lindenfall St

Remarks,

RETURN OF A BIRTH

7/6/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 of Dec. 1884

4. Place of Birth, (Street and Number) 39 north. Washington St

5. Full Name of Mother, Louisa Brown

6. Mother's Maiden Name, Louisa Mathaney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Brown

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Conner

Address, 171 Patterson Park Ave

Remarks, Not full term Accident of a Fall
Child 7 months

75269
H

.....

.....

2. Color of (if not of the same color) W. W. W. W.

3. Date of Birth, 01/01/58

1.27 2000 miles

[Signature]

6. Model 8 Machine Gun 11

1. Mother's Birthplace.  5b 118

S. Full Name of Father. Y M M G m / 7 2 2 2 2 2

.....

1990

07-01-00

END OF STATIONING

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male

white

Nov 12 1884

360 N. Fayette St.

Teresa C. Becker

Ischudny

Baltimore

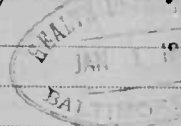
Charles Becker

Merchant

Germany

Clarence Brown M.D.

68 N. Calver St.



GIVEN NAME ADDED 3-7-58

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

76471
SEARCHED
MALE
Nov 16 - 1884
162 Hanover St
Sarah F Davis
" Lewis
Baltimore
Edmund Davis
Lawyer
New York
R H Lewis
162 Hanover St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

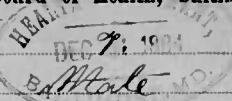
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

21. November 1884.

87 Barth St

Mrs. Agnes Wolf

Agnes Kiner

Erbel

Harman Cal. Wolf

Painter

Leibsch Saxon

Mrs Annie Dummer

20 North Schenck St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Born

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st November 1884

4. Place of Birth, (Street and Number)

73 North Fremont Baltimore Md

5. Full Name of Mother,

Mrs James C. Barnes

6. Mother's Maiden Name,

Marion Ellen Mc. Nair

7. Mother's Birthplace,

Newark N.J.

8. Full Name of Father,

James Conway Barnes

9. Father's Occupation,

Barber

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Annie Dummer

Address,

60 North Schuider.

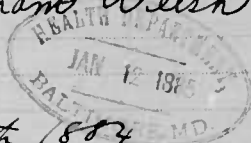
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

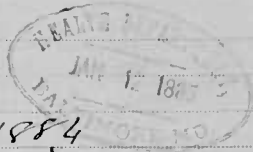
of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
Sex, ☒ whether male or female *male*
Race or Color, (if not of the white race) *white*
Date of Birth, *Nov 28th 1884*
Place of Birth, (Street and Number) *312 E Preston St*
Full Name of Mother, *Laura Welsh*
Mother's Maiden Name, *Brown*
Mother's Birthplace, *Balto Co Ind*
Full Name of Father, *John W. Welsh*
Father's Occupation, *Scotland*
Father's Birthplace, *Scotland*
Name of Medical Attendant, or other Person who makes this Return *M. B. Beltinger*
Address, *228 E Preston St*
Remarks, **GIVEN NAME ADDED.** *5-70-52*



RETURN OF A BIRTH 76475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex, (state whether male or female) male
Race or Color, (if not of the white race) white
Date of Birth, Aug 12th 1884
Place of Birth, (Street and Number) 379 Harford Ave
Full Name of Mother, Alice Curran
Mother's Maiden Name, Hall
Mother's Birthplace, Balto. Md
Full Name of Father, Geo Curran
Father's Occupation, C. R. Agent
Father's Birthplace, Balto. C. Md
Name of Medical Attendant, or other Person who makes this Return W. B. Billings
Address, 251 E. Preston St
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 31 1888

4. Place of Birth, (Street and Number)

456 N. Calhoun

5. Full Name of Mother,

Mary E. Gartride

6. Mother's Maiden Name,

Simonds

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Albert D. Gartride

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Address,

506 Madison Ave.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 4th Child*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 31st of December*
4. Place of Birth, (Street and Number) *No 2 West Valley*
5. Full Name of Mother, *Maria Cuerta*
6. Mother's Maiden Name, *Maria Kammiller*
7. Mother's Birthplace, *Buffalo*
8. Full Name of Father, *Ernest Cuerta*
9. Father's Occupation, *Sawmiller*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other Person who makes this Return. *Mr C. L. Sauer*
- Address, *No 173 Hazard Lane*
- Remarks, *Baltimore Md*

RETURN OF A BIRTH ⁷⁶⁴⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 31st 1884*

4. Place of Birth, (Street and Number) *Baltimore Parkin^g St. N^o. 5-3*

5. Full Name of Mother, *Susan M^{rs}. Kewen*

6. Mother's Maiden Name, *Burr. BRUN*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas M^{rs}. Kewen*

9. Father's Occupation, *Gardner*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. G. Mitchell*

Address, *N^o. 3-4 Schmitz St.*

Remarks,

for each affix to be recovered as other fees and signatures are recoverable.

RETURN OF A BIRTH

76479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Dec 31st 1884

Place of Birth, (Street and Number)

#425 Hamburg St

Full Name of Mother,

Anna Rogan

Mother's Maiden Name,

Anna Rogan

Mother's Birthplace,

Baltimore Md

Full Name of Father,

Chas L Bogelman

Father's Occupation,

Buyer for Packing House

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Amelia Bange

Address,

Remarks,

RETURN OF A BIRTH ⁷⁶⁴⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{6th}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{Dec. 31st 1884}

4. Place of Birth, (Street and Number) ^{Baltimore Cross. St. N^o. 84}

5. Full Name of Mother, ^{Elizabeth Lewis}

6. Mother's Maiden Name, ^{Purcell}

7. Mother's Birthplace, ^{Baltimore}

8. Full Name of Father, ^{William Lewis}

9. Father's Occupation, ^{Laborer}

10. Father's Birthplace, ^{Baltimore}

Name of Medical Attendant, or other Person who makes this Return, ^{Mrs. C. Mitchell}

Address, ^{N^o. 34 Schroder. St.}

Remarks,

for each offence to be recovered an other fine and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

December 31, 1894

Place of Birth, (Street and Number)

Boys St No 18

Full Name of Mother,

Mary A. Lewis Boice

Mother's Maiden Name,

Mary A. Lewis

Mother's Birthplace,

Baltimore

Full Name of Father,

George Boice

Father's Occupation,

Carpenter

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Wm. E. Anderson

Address,

No 10 Boys St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return,

Address,

Remarks,

THIS CARD IS TO BE FURNISHED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, AND IS NOT TO BE RECOVERED.

RETURN OF A BIRTH ¹⁶⁴⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 31st 1885

4. Place of Birth, (Street and Number) Baltimore Ave No 164

5. Full Name of Mother, Mollie C Bowen

6. Mother's Maiden Name, Mollie C Wilhelmy

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, William Bowen

9. Father's Occupation, City Employee

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Sluiter

Address, 21 E. Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2^d, 3^d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Born 31/84
9 S. Schrodin
Maryann H. Clancy
Trainor
Baltimore
Hys H. Clancy
Restaurant Keeper
Ireland

A. L. Spencer M.D.
307 W. Lombard St

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

76485

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 31 Dec 1894

4. Place of Birth (Street and Number) 50 Albemarle St.

5. Full Name of Mother Burke

6. Mother's Maiden Name Bennett

7. Mother's Birthplace

8. Full Name of Father Frank Burke

9. Father's Occupation

10. Father's Birthplace Ind.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

D. F. Leonard M.D.
214 E. Ball St.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Jan 2 / 85

132. W. Line St.

Mary A. Frazier,

Mary A. Myers,

Baltimore City,

Carroll Wise,

Truckman,

Haverhill, Germany,

Dr. J. E. McPherson,

278. Lexington St.

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 1-1905

4. Place of Birth, (Street and Number) No 117 S Bond St

5. Full Name of Mother, Mrs Ella Reck

6. Mother's Maiden Name, Castell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Howard Reck

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, 1836 S Bond St

Remarks, _____

For each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 1 of January 1888*
4. Place of Birth, (Street and Number) *No 173 Chestnut St*
5. Full Name of Mother, *Leahy Macaden*
6. Mother's Maiden Name, *Leahy Dunahut*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ben Macaden*
9. Father's Occupation, *Whisky Distiller*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*
- Address, *No 173 Waverly Ave*
- Remarks, *Bal. Md*
1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

For each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

76490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth

Jan. 1st 1885

4. Place of Birth, (Street and Number)

Mountaineer Hospital

5. Full Name of Mother,

Mary Thornton

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Meel

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant,

or other Person who makes this Return.

F. R. Nordmann M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 1st 1885

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Amelia Shipley

6. Mother's Maiden Name,

7. Mother's Birthplace,

Med.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

F. R. Jordanman

Address,

Remarks,

for each child to be received as other free and fortuitous and recoverable.

By City Officers and Notaries.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

January 1st 1885

4. Place of Birth, (Street and Number)

No 6 Cairo Street

5. Full Name of Mother,

Jane Sims

6. Mother's Maiden Name,

Jane Johnson

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Frank Sims

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes the Return

A. Bond M.D.

Address,

316 Franklin Street Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 1st 1885

4. Place of Birth, (Street and Number)

No 120 Central Ave.

5. Full Name of Mother,

Margaret Hartman

6. Mother's Maiden Name,

" Foster

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam Hartman

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sophia Simpson

Address,

1070 Grand St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1st 1885

4. Place of Birth, (Street and Number) No. 126 Eastern Ave.

5. Full Name of Mother, Minnie Schlimm

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Schlimm

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Schlimm Simon

Address, 1070 Grand St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st of January 1885*
4. Place of Birth, (Street and Number) *17 North Chapel Street*
5. Full Name of Mother, *Katie Vogel*
6. Mother's Maiden Name, *Katie Wicht*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Wicht*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Cecilia Kunkel*
- Address, *71 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

For each child born to be recovered as other data and signatures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^{tes} Child*
Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *1st January*
4. Place of Birth, (Street and Number) *N^o 230 Bethel Str.*
5. Full Name of Mother, *Anna Williams*
6. Mother's Maiden Name, *Anna Doyne Maesch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Georg Williams*
9. Father's Occupation, *Schiffcapner*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
Address, *N^o 202 S. Dallas Str.*
Remarks, *Baltimore*

RETURN OF A BIRTH. 76497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Late of 1 Jan. 1885*

4. Place of Birth, (Street and Number) *Conen St.*

5. Full Name of Mother, *Laura Mc. Graill*

6. Mother's Maiden Name, *Minks*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Mc. Graill*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*

Address, *No. 12 Patterson Park. Av.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *January 1st 1887*

Place of Birth, (Street and Number) *112 Townsend*

Full Name of Mother, *Mary Hayes*

Mother's Maiden Name, *Torns*

Mother's Birthplace, *Philadelphia Pa.*

Full Name of Father, *Chas. J. Hayes*

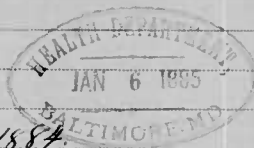
Father's Occupation, *Doorman*

Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return

Address, *506 Mad. Ave.*

Remarks,



any person who neglects to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 1st 1885*
4. Place of Birth, (Street and Number) *404 Gascoigne St.*
5. Full Name of Mother, *Hennriette Thron*
6. Mother's Maiden Name, *Hennriette Stengler*
7. Mother's Birthplace, *Lich-Nessen Darmstadt-Germania*
8. Full Name of Father, *Michael Thron*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Honach Bayern-Germania*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Dumber*
- Address, *60 North Schreder St.*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

76500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 1 1885

4. Place of Birth, (Street and Number)

28 North Street

5. Full Name of Mother,

Mrs. L. Leonard

6. Mother's Maiden Name,

Mrs. Leonard

7. Mother's Birthplace,

County Roscommon Ireland

8. Full Name of Father,

James Leonard

9. Father's Occupation,

Attends Bar

10. Father's Birthplace,

County Roscommon Ireland

Name of Medical Attendant, or other Person who makes this return.

Susan O'Brien

Address,

21 No. Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
Sex, (state whether male or female) female
Race or Color, (if not of the white race) Colored
Date of Birth, 7 day of January
Place of Birth, (Street and Number) Hillman Street 11
Full Name of Mother, Sarah C. Hickman
Mother's Maiden Name, Marlow
Mother's Birthplace, Prince George Co Md
Full Name of Father, John Hickman
Father's Occupation, Daily Laborer
Father's Birthplace, Charles County Md
Name of Medical Attendant, or other Person who makes this Return, Charity Jones
Address, 79 Hargrove Alley
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th
7
JAN 7 1885
151 Jan'y 1885

66 York St

Kate Garrely

Dougherty

Ireland

Pat. Garrely

Post

Ireland

A. W. Webster M.D.

57 Barclay St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child
Male

White

January 1888

257 William St

Lizzie Kelly

Lizzie Keagle

Ma

William Kelly

Machinist

Ma

H. B. Keagle M.D.

257 William St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan.

4. Place of Birth, (Street and Number) Highlandtown

5. Full Name of Mother, Annie Roe

6. Mother's Maiden Name, Ann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Roe

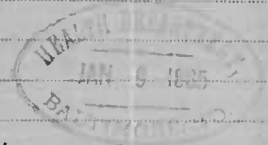
9. Father's Occupation, Car driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, January 1: 85

Place of Birth, (Street and Number) 290 Hoffman St

Full Name of Mother, Mrs Weiss

Mother's Maiden Name, Abel

Mother's Birthplace, Baltimore

Full Name of Father, Oscar P. Weiss

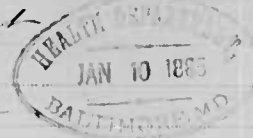
Father's Occupation, Artist Sculptor

Father's Birthplace, (Dorchester Co. Md)

Name of Medical Attendant, or other Person who makes this Return D. C. Williams

Address, 201 Madison Ave

Remarks,



to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

76506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

HEALTH
JAN 10 1885
BALTIMORE MD

4. Place of Birth, (Street and Number)

Jan 1 1885
10 24 1/2 Ave

5. Full Name of Mother,

Martha Randall

6. Mother's Maiden Name,

Maup

7. Mother's Birthplace,

America

8. Full Name of Father,

Carl Randall

9. Father's Occupation,

Painter

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

Dr. Schaeffer M.D.

Address,

330 Hanover St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 1/85

4. Place of Birth, (Street and Number)

113 Edmundson Ave

5. Full Name of Mother,

Nettie Hodgdon

6. Mother's Maiden Name,

Easter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank R. Hodgdon

9. Father's Occupation,

Merchant

10. Father's Birthplace,

N. Hampshire

Name of Medical Attendant, or other Person who makes this Return,

Thos Opie M.D.

Address,

179 N. Howard St

Remarks,

RETURN OF A BIRTH 76508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

brother Esther La Bar 2

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 1st. 1885

4. Place of Birth, (Street and Number)

205 Madison Ave, Balto Md

5. Full Name of Mother,

Esther Ann La Bar

6. Mother's Maiden Name,

Esther Ann Burley

7. Mother's Birthplace,

Balto City Md

8. Full Name of Father,

Augustus La Bar

9. Father's Occupation,

Caterer

10. Father's Birthplace,

Balto City Md

Name of Medical Attendant, or other Person who makes this Return.

Archie Johnson

Address,

94 Tyson Street

Remarks,

RETURN OF A BIRTH 76509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 13 1895
4. Place of Birth, (Street and Number) 157 Health St
5. Full Name of Mother, Kate Moody
6. Mother's Maiden Name, Lane
7. Mother's Birthplace, Middlesex County England
8. Full Name of Father, George Moody
9. Father's Occupation, Painter
10. Father's Birthplace, Kingsale or Westmoreland England
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Jones
- Address,
- Remarks,

RETURN OF A BIRTH.

76510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) md - Baltimore

2. Race or Color (if not of the white race) Colored

3. Date of Birth 2 - January 1885

4. Place of Birth (Street and Number) 2 - Magin alley

5. Full Name of Mother Mary Turner

6. Mother's Maiden Name " " Turner

7. Mother's Birthplace Annapolis

8. Full Name of Father Henry Turner

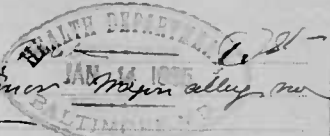
9. Father's Occupation Laborer

10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return Sarah A. Hebrew

Address No 207, Galun St. Balto City

Remarks pr & mb



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Cathy
Female
White

Jan 2nd 1885

9 Oak St

Anna E Moore

Hallman

Perry G. Penna

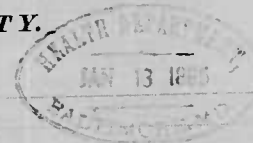
Edward B. Moore

Engineer

Huntington Co. Penna.

S. H. Meryck M. D.

209 W Biddle St.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

January 2

Place of Birth, (Street and Number)

339 Bond & Biddle St. Baltimore

Full Name of Mother,

An. Walter. Hugg

Mother's Maiden Name,

11111111 Ross

Mother's Birthplace,

Baltimore

Full Name of Father,

Joseph. O'Hugh

Father's Occupation,

Butcher

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Corcoran

Address,

466 N. Bay St.

Remarks,



to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th (Fourth)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 2nd 1885

4. Place of Birth, (Street and Number) 106 E. Madison St

5. Full Name of Mother, Sarah Heath

6. Mother's Maiden Name, Sarah Reed

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edwin A. Heath

9. Father's Occupation, Oyster Dealer

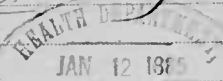
10. Father's Birthplace, Danford

Name of Medical Attendant, James E. Whitford M.D.

or other Person who makes this Return

Address, 195 Virginia St

Remarks, city



To a fine of ten dollars for each officer, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 Jan.

4. Place of Birth, (Street and Number)

8 H. Ave.

5. Full Name of Mother,

Katie Orratt

6. Mother's Maiden Name,

Conly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Orratt

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

76515

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 2nd Jan.

Place of Birth, (Street and Number) 841 N. Ball St.

Full Name of Mother, Mary Easton

Mother's Maiden Name, Mary Grump

Mother's Birthplace, Rhode Island

Full Name of Father, William Easton

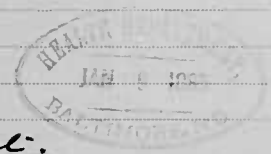
Father's Occupation, Clerk

Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return

Address, Annan F. Hill M.D.
17 N. Calhoun St.

Remarks,



RETURN OF A BIRTH, 76516

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. 7 Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White race

3. Date of Birth Jan. 21st.

4. Place of Birth, (Street and Number) 661 Light St.

5. Full Name of Mother Sarah E. England.

6. Mother's Maiden Name Backman.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John A. England.

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Amiee Gager.

Address 634 Light St.

Remarks

RETURN OF A BIRTH, 76517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth Jan. 25
4. Place of Birth, (Street and Number) 714 S. Light St.
5. Full Name of Mother Mat. A. Miller
6. Mother's Maiden Name Hagen
7. Mother's Birthplace Europe Prussia
8. Full Name of Father George Miller
9. Father's Occupation Cigar-maker
10. Father's Birthplace Balt. Md.
Name of Medical Attendant, or other Person who makes this Return. Annie Green
Address 134 S. Light St.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1871
MAY 7 1871

White race

January the 2th

Baltimore East Avenue

Mary Ann Sheeklis

Hubbard

Baltimore

Benjamin Sheeklis

labourer

Baltimore

Elizabeth Hathorn

William H. H. Pugh

RETURN OF A BIRTH ⁷⁶⁵¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *Jan 2^d 1884*

Place of Birth, (Street and Number) *35 Conway St.*

Full Name of Mother, *Mary Rebecca Mansfield Maguire*

Mother's Maiden Name, *Mayer*

Mother's Birthplace, *Battle M.D.*

Full Name of Father, *James Rodwell Maguire*

Father's Occupation, *Maguire & Co. 'Sailmaker.'*

Father's Birthplace, *Madison, Worcester Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *P. H. Maguire M.D.*

Address, *N.E. Cor. Cyler & Hanby Sts.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan 2

4. Place of Birth, (Street and Number) Baltimore Auburn st

5. Full Name of Mother, Josephine Burges

6. Mother's Maiden Name, Josephine Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Burges

9. Father's Occupation, Glass Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mc. Shaffer

Address, 373 Hamburg St

Remarks, _____

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

2nd June 1901

4. Place of Birth, (Street and Number)

N^o 238 S. Dallas Str

5. Full Name of Mother,

Marg^{ie} Caljesky

6. Mother's Maiden Name,

Marg^{ie} Taylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Caljesky

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Friederike Kaufmann

Address,

N^o 202 S. Dallas Str

Remarks,

Heb. name

RETURN OF A BIRTH ⁷⁶⁵²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

German
Female
Jan 2nd 1885
Shropshire St 41
Blas Sakolsky
" Sakolsky
Balto Md
David Sakolsky
Spec Dealer
Baltimore
Wm H. Hill
1016 Hillwood St

765213

BALTIMORE CITY.

Sex, (~~state whether male or female~~)...

Date of Birth,

January 2 1885
79 N 14th St

Sarah Strauss

" *Lies*

Russia

Salomon Straus

Bot Binder

Poland

A Shepherd's note to Mr

88 & Balti Lr

Instrumental

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 76525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3rd child

Sex, (state whether male or female)

At birth

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 January 1884

4. Place of Birth, (Street and Number)

No. 256 Chest St

5. Full Name of Mother,

Barbara Dillman

6. Mother's Maiden Name,

Barbara Schenker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Matthias Dillman

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return.

Mr. Ch. Lauer

Address,

No. 173 Hayford Ave

Remarks,

Baltimore Md.

1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 1st 1888

4. Place of Birth, (Street and Number) W. Cameron St. 158

5. Full Name of Mother, Mary Beardard

6. Mother's Maiden Name, Huguen

7. Mother's Birthplace, St. Louis, Mo.

8. Full Name of Father, Mr. Beardard

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. M. M.

Address, 1 Love Lane, Baltimore

Remarks,

For persons who shall hereafter fail to comply with the provisions of this act, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

76527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 3rd 1885*
4. Place of Birth (Street and Number) *417 S. Chas.*
5. Full Name of Mother *Anna Della*
6. Mother's Maiden Name *Anna Stahler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Jesse Della*
9. Father's Occupation *Latimer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *C. F. Cooke, M.D.*
Address *110 Fort Ave*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3rd of January 1905*

4. Place of Birth, (Street and Number) *1111 E. Green St.*

5. Full Name of Mother, *Ellen Helen Lucas*

6. Mother's Maiden Name, *Ellen F. Lucas*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William G. Lucas*

9. Father's Occupation, *Store-keeper*

10. Father's Birthplace, *Prigee, Baltimore County*

Name of Medical Attendant, or other Person who makes this Return, *Christian Kunkel*

Address, *71 North Chapel - Baltimore*

Remarks, *Healthy*

For each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3rd 85

4. Place of Birth, (Street and Number) No 55 S Bond St

5. Full Name of Mother, Mrs Katie Schultz

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Schultz

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr Goetzke

Address, No 55 S Bond St

Remarks,

for each office to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH, 76530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan'y 3. 1885

4. Place of Birth, (Street and Number)

178 N. Madison St.

5. Full Name of Mother

Clara Carr

6. Mother's Maiden Name

" Watts

7. Mother's Birthplace

Gumbel and Md

8. Full Name of Father

Louis A. Carr

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. Watts M.D.

Address

262 W. Hubbard St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

76531
5th
Female
White
January 3rd 1883
141 Oak St
Margaret C Miller
" " Wilson
Baltimore
John Miller
Cigar Maker
Baltimore
Theodore Cooper M.D.
146 Hanover St

for each officer to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 3rd, 1885

4. Place of Birth, (Street and Number)

No. 211 N. Bond Street

5. Full Name of Mother,

Mrs. Margaret Simon

6. Mother's Maiden Name,

Miss Annie M. Wilhelm

7. Mother's Birthplace,

Carroll County, Maryland

8. Full Name of Father,

Mr. Charles C. Simon

9. Father's Occupation,

Shoe Fitter (Factory)

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. J. Glendon M.D.

Address,

No 102 N. Broadway

Remarks,



RETURN OF A BIRTH

To the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 3*
4. Place of Birth, (Street and Number) *No. 307 Hancock st*
5. Full Name of Mother, *Mrs. Augusta Kirkwood*
6. Mother's Maiden Name, *Wells Shippe*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Henry Kirkwood*
9. Father's Occupation, *Ship B. Master*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return
Mrs. Henry.
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 3rd 1885

4. Place of Birth, (Street and Number)

210 South Street

5. Full Name of Mother,

Fannie Whittemore

6. Mother's Maiden Name,

Ferry

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John R. Whittemore

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

James M. Shaw, M.D.

Address,

417 E. Pratt St.

Remarks,

RETURN OF A BIRTH

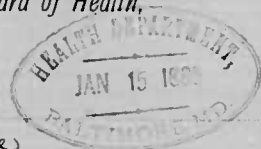
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Jan 3/88*
4. Place of Birth, (Street and Number) *17 Borne St*
5. Full Name of Mother, *Laura Hall*
6. Mother's Maiden Name, *Laura Hall*
7. Mother's Birthplace, *Providence Va*
8. Full Name of Father, *John*
9. Father's Occupation, *Don't know*
10. Father's Birthplace, *Don't know*
- Name of Medical Attendant, or other Person who makes this Return, *Jane Goodland*
- Address, *(Midway) 16 Borne St*
- Remarks,

RETURN OF A BIRTH.

76526

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 4th 1885

4. Place of Birth (Street and Number)

140 Pennsylvania Ave

5. Full Name of Mother

Florence Cousins

6. Mother's Maiden Name

Florence Rofs

7. Mother's Birthplace

Fredrick City, Md

8. Full Name of Father

Louis M. Cousins

9. Father's Occupation

Restaurant

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who
makes this Return.

O. A. Cooke M.D.

Address

110 Fort av

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th (total)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7th of January 1885*
4. Place of Birth, (Street and Number) *22 North Charles St*
5. Full Name of Mother, *Theresa Long*
6. Mother's Maiden Name, *Theresa Meyer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Meyer*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return, *Cecilia Dunkel*
Address, *77 North Charles St for Cecilia Dunkel*
Remarks, *Healthy*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *4th November*
4. Place of Birth, (Street and Number) *No 173 S. Carroll St.*
5. Full Name of Mother, *Anna Norberg*
6. Mother's Maiden Name, *Anna Hesler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Norberg*
9. Father's Occupation, *Cannemaker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*
- Address, *No 202 S. Dallas St.*
- Remarks, *Hebomme*

For each address to be recovered as other data and for details are recoverable.

RETURN OF A BIRTH, 76539

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 4th

4. Place of Birth, (Street and Number) 123 S. Keith St.

5. Full Name of Mother Maggie Bullock

6. Mother's Maiden Name Hammett

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Bullock

9. Father's Occupation In Planning Mill

10. Father's Birthplace Phila Penna.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address 5 Franklin St.

Remarks



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 4, 1885*

4. Place of Birth, (Street and Number) — *Easton St.*

5. Full Name of Mother, *Patie Sebelius*

6. Mother's Maiden Name, *Patie Sebelius*

7. Mother's Birthplace, *American*

8. Full Name of Father, *Frank Sebelius*

9. Father's Occupation, *Restaurant*

10. Father's Birthplace, *American*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary General*

Address, *No. 1378. Hope St.*

Remarks, *CG*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th of January 1885*
4. Place of Birth, (Street and Number) *Burke st 6th south of Mc Ellderga*
5. Full Name of Mother, *Margaretha Reichter Rauter*
6. Mother's Maiden Name, *Margaretha Reichter*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Adam Rauter*
9. Father's Occupation, *Can maker*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return, *Therrietta Glasscoe*
Address, *293 Mc Ellderg st ext 1st*
Remarks, *Lived to be about a day.*

RETURN OF A BIRTH 76542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

Sex, (state whether male or female) *female*

Race or Color, (if not of the white race) *color*

Date of Birth, *Jan 4th*

Place of Birth, (Street and Number) *Mt. View, Ealing St. 152*

Full Name of Mother, *Georgia Ransom*

Mother's Maiden Name,

Mother's Birthplace, *Westminster*

Full Name of Father, *John W. Bais*

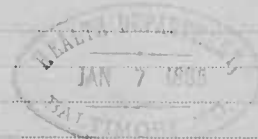
Father's Occupation, *shirt making*

Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return *Lucy Roanick*

Address, *Godson Alley 15*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *4th January 1885*
4. Place of Birth, (Street and Number) *1024 A. Guilmer St*
5. Full Name of Mother, *Emma Giles*
6. Mother's Maiden Name, *Hall*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *E. Miller, Clerk*
9. Father's Occupation, *Commercial Traveller*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *D. W. McElroy, Jr.*
- Address, *58 W. ...*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 26, 1885

4. Place of Birth, (Street and Number)

143, E. Eager St.

5. Full Name of Mother,

Margaret Pennung

6. Mother's Maiden Name,

Margaret Pennung

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Pennung

9. Father's Occupation,

Broom maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Miller

Address,

143 E. Eager St., No. 26,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 Jan.

4. Place of Birth, (Street and Number)

113 N. Altemark

5. Full Name of Mother,

Margret Omela

6. Mother's Maiden Name,

F. Laske

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Omela

9. Father's Occupation,

Telegrapher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *4 Jan*

4. Place of Birth, (Street and Number) *220 Front*

5. Full Name of Mother, *Annie Redegen*

6. Mother's Maiden Name, *Doil*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Redegen*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Sarah Casper*

Address, *220 C. Lombard*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 4th 1895

4. Place of Birth, (Street and Number) 10243 S. Bond St.

5. Full Name of Mother, Lena Linnemann

6. Mother's Maiden Name, Schenck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Linnemann

9. Father's Occupation, Sign maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophia Linnemann

Address, 1070 Grand St.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RECEIVED

JAN 10 188

704
Female
Jan 4th
726 Hanover St.

Abigail Haffner

Herrn

Germany

Jacob Haffner

Scholar

Germany

J. Schaeffer M.D.

330 Hanover St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Fourth of January, 1885

4. Place of Birth, (Street and Number)

423 Barnard St.

5. Full Name of Mother,

Jennie Switzer

6. Mother's Maiden Name,

Jennie Switzer

7. Mother's Birthplace,

East New Market, Rochester, N.Y.

8. Full Name of Father,

George Adolph Switzer

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore City, Maryland

Name of Medical Attendant, or other Person who makes this return,

Susan Hunter

Address,

2115 Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

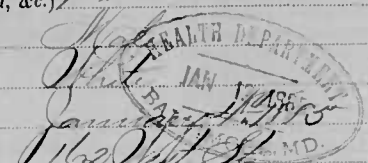
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Amie Moss
146 N. Holliday St.
Baltimore, Md.
John O. Moss
Sailor
Baltimore
Wheeler Cook
146 N. Holliday St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Lillie M.*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 12 1885*

4. Place of Birth, (Street and Number) *1744 Howard St*

5. Full Name of Mother, *Mary E Price*

6. Mother's Maiden Name, *"", "Linn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Price*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Wheeler Cook M.D.*

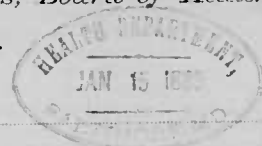
Address, *146 Hammond St*

Remarks,

GIVEN NAME ADDED 1-4-50
RETURN OF A BIRTH

76552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: *Anna Louise Ashman*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Sex, (state whether male or female)
 Race or Color, (if not of the white race) *white*
 Date of Birth, *5 Jan 1885*
 Place of Birth, (Street and Number) *470 Lexington St*
 Full Name of Mother, *Louisa Ashman*
 Mother's Maiden Name, *Peddy*
 Mother's Birthplace, *Balt*
 Full Name of Father, *Wm Ashman*
 Father's Occupation, *artist*
 Father's Birthplace, *Balt*
 Name of Medical Attendant, or other Person who make this Return, *Archie Ashman M.D.*
 Address, *119 N Charles St*
 Remarks,

RETURN OF A BIRTH.

76553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *January 1st 1895*

4. Place of Birth, (Street and Number) *Baltimore Caroline St. No. 4*

5. Full Name of Mother, *Annie Christina Eck*

6. Mother's Maiden Name, *Annie Christina Walz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Eck*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Catharine Mc Bedford*

Address, *No. 14 Orleans St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 78

Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) Gallbreath

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



132 Haranoney Lane

January 5 1885

Louisa Hart

Louisa Snowden

West River

Peter Hart

Labor

Petersburg Va

Charlotte Proctor

10 Carroll St

Perfect

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *5th January*

4. Place of Birth, (Street and Number) *No 147 S. Chappel St*

5. Full Name of Mother, *Mary Müller*

6. Mother's Maiden Name, *Mary Stern*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Müller*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Friedrich Kaufmann*

Address, *No 202 S. Dulles St*

Remarks, *The same*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9 Child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

5th November

4. Place of Birth, (Street and Number)

No 5 Lancaster St

5. Full Name of Mother,

Mary Halm

6. Mother's Maiden Name,

Mary Washington

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Halm

9. Father's Occupation,

Laber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address,

No 202 S. Dallas St

Remarks,

Hebormore

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

5th January

4. Place of Birth, (Street and Number)

No 70 Wolff St

5. Full Name of Mother,

Mary Burkhauser

6. Mother's Maiden Name,

Mary Hermann

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Valentin Burkhauser

9. Father's Occupation,

Mucian

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address, No 202 S. Dallas St

Remarks,

Hobbs

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether ~~MA~~ or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

5th Jan '85 4 A.M.

4. Place of Birth (Street and Number)

#10. N. Ann St.

5. Full Name of Mother

Mary Lewis.

6. Mother's Maiden Name

Mary Ashcum.

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Thos Lewis.

9. Father's Occupation

Pilot.

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Cockrill M.D.

Address

#23 S. Broadway.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Jan 5th 1885

Place of Birth, (Street and Number) 77 York St

Full Name of Mother, Mary Bernstein

Mother's Maiden Name, Mary Caplin

Mother's Birthplace, Russia

Full Name of Father, Andria Bernstein

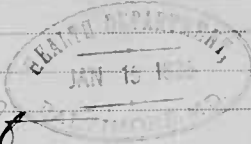
Father's Occupation, Cigarret Maker

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs R. Gilman

Address, 44 Hanover St

Remarks,



To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 5th 85*
4. Place of Birth, (Street and Number) *172 George Street, City*
5. Full Name of Mother, *Mrs Kate McFadden*
6. Mother's Maiden Name, *Kate Cassidy*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Francis Cassidy*
9. Father's Occupation, *Marble Worker*
10. Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return *A. K. Bond, M.D.*
Address, *316 Franklin Street Balto*
Remarks,

RETURN OF A BIRTH ⁷⁶⁵⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 5, 1885*

4. Place of Birth, (Street and Number) *Orlean St. No. 188*

5. Full Name of Mother, *Katharine Fuhrer*

6. Mother's Maiden Name, *Katharine Bammel*

7. Mother's Birthplace, *Effelderbach, Gr. Hessen, Germany*

8. Full Name of Father, *Elias Fuhrer*

9. Father's Occupation, *Shoemaker*

Father's Birthplace, *Granauborn, W. Prussia, Germany*

Name of Medical Attendant, *or other Person who makes this Return.* *Harry E. Müller*

Address, *1/2 Dallas St. No. 26*

Remarks,

For each of these to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *White*
Date of Birth, *Jan 5th 1885*
Place of Birth, (Street and Number) *Dolphin & Union Hill St*
Full Name of Mother, *Kate E. Rutter*
Mother's Maiden Name, *" " Lynch*
Mother's Birthplace, *B. C.*
Full Name of Father, *Edward E. Rutter*
Father's Occupation, *Restaurant*
Father's Birthplace, *Phila*
Name of Medical Attendant, or other Person who makes this Return *Amman T. Hill M.D.*
Address, *17. N. Calhoun St.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 6 Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 5 of January 1885

4. Place of Birth, (Street and Number)

No 311 Dallas St

5. Full Name of Mother,

Helen Langhuit

6. Mother's Maiden Name,

Helen Abbott

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Sebastian Langhuit

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Ch. Sauer

Address,

No 123 Harford St

Remarks,

Ind Baltimore

1884

RETURN OF A BIRTH.

76564

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) colored

3. Date of Birth October 5 of 1895

4. Place of Birth (Street and Number) no 13 Upton Baltimore

5. Full Name of Mother Mother Dacey

6. Mother's Maiden Name Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Milton Edward Dacey

9. Father's Occupation Porter

10. Father's Birthplace Frederick

Name of Medical Attendant, or other Person who makes this Return Doctor Boulden, H. Hulchings

Address 405 Poplar ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 5th 1885

4. Place of Birth, (Street and Number) 165 East St

5. Full Name of Mother, Katie Stewart

6. Mother's Maiden Name, Elizabeth

7. Mother's Birthplace, Liverpool England

8. Full Name of Father, William Stewart

9. Father's Occupation, Farmer

10. Father's Birthplace, Manchester, Lancashire, England

Name of Medical Attendant, or other Person who makes this Return Mrs. Hadden

Address, 120 Greenmount Ave

Remarks,

True and correct, as shown by the records of this office, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *White*
Date of Birth, *January 5: 85*
Place of Birth, (Street and Number) *359 Druid Hill Ave*
Full Name of Mother, *Carrie Durings*
Mother's Maiden Name, *Smith*
Mother's Birthplace, *Baltimore*
Full Name of Father, *William Durings*
Father's Occupation,
Father's Birthplace, *West River Ind*
Name of Medical Attendant, or other Person who makes this Return *P. C. Williams*
Address, *201 Madison Ave*
Remarks,



As a fine of ten dollars for each offense, to be recovered in other times and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3.

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth

5th of January

Place of Birth, (Street and Number)

430 Canton Ave,

Full Name of Mother,

Abrica Harris

Mother's Maiden Name,

Abrica H. Peacock

Mother's Birthplace,

Baltimore,

Full Name of Father,

James Harris,

Father's Occupation,

Ship Joiner, Baltimore

Father's Birthplace,

Baltimore,

Name of Medical Attendant, or other Person who makes this Return.

Mrs E. Tracy

Address,

193 South Chester,

Remarks,

Weakly child
Healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 5th 1885

4. Place of Birth, (Street and Number)

No 44 Fort Avenue

5. Full Name of Mother,

Lena Lawrence

6. Mother's Maiden Name,

Lena Harvey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Harvey

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

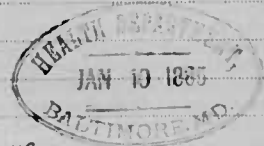
or other Person who makes this Return

Leoline Horning

Address,

No 18 Byrd st

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 6th 1885

4. Place of Birth, (Street and Number)

358 Anna Ave.

5. Full Name of Mother,

Francis Virginia Nagel

6. Mother's Maiden Name,

Stultz

7. Mother's Birthplace,

Uniontown Md.

8. Full Name of Father,

Henry Nagel

9. Father's Occupation,

Warrisher

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Address,

506 Madison Ave.

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATISTICAL.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th and a eighth.

Sex, (state whether male or female)

Male,

Race or Color, (if not of the white race)

Date of Birth,

Jan 6, 1884

Place of Birth, (Street and Number)

196 Preston St.

Full Name of Mother,

Mary C. Jones

Mother's Maiden Name,

Mary V. Ballard

Mother's Birthplace,

New Orleans, La.

Full Name of Father,

Capt. Talbot Jones

Father's Occupation,

Manufacturer

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

G. G. Rush

Address,

392 E. Pratt St.

Remarks,

Natural.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

January 6th 1885

4. Place of Birth (Street and Number)

No 19 Hillman St

5. Full Name of Mother

Mary German

6. Mother's Maiden Name

Callender

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jack German

9. Father's Occupation

Plasterer

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Irving Miller M.D.

Address

179 East Monument St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eleventh child*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *The 1st of January*

4. Place of Birth, (Street and Number) *197 W. Lombard St.*

5. Full Name of Mother, *Mrs. Susan Ellen White*

6. Mother's Maiden Name, *Susan E. Lenthicorne*

7. Mother's Birthplace, *Annapolis, Md.*

8. Full Name of Father, *W. F. P. White*

9. Father's Occupation, *Printer*

Father's Birthplace, *Mechanicstown, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Willie Gross*

Address, *N. 12. Penn. Alley*

Remarks,

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd child

Sex, (state whether male or female)

boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 6th

4. Place of Birth, (Street and Number)

No 194. Calverton St

5. Full Name of Mother,

Lucas James

6. Mother's Maiden Name,

Frasis Jakob

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry James

9. Father's Occupation,

Whick Layer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Frederick Kaufman

Address,

202. S Dulles St

Remarks,

Mildew

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

44th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Jan 6 / 85

4. Place of Birth, (Street and Number)

71 Vincent St

5. Full Name of Mother,

Nettie Kellum

6. Mother's Maiden Name,

Nettie Dye

7. Mother's Birthplace,

Va

8. Full Name of Father,

Mr. Kellum

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return,

James Woodman

Address,

(Midwife) 162 Prince St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

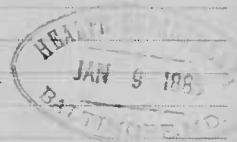
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th child*
Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Jan 6th 1885*
4. Place of Birth, (Street and Number) *172 Federal ave*
5. Full Name of Mother, *Mary Kaumann*
6. Mother's Maiden Name, *Mary Winterling*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Kaumann*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Frederick Kauffman*
Address, *202 S. Dallas St.*
Remarks, *Midwife*

RETURN OF A BIRTH.

76576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth January 6th 1885
4. Place of Birth (Street and Number) 34 Vine St.
5. Full Name of Mother Rosa Ford Jones
6. Mother's Maiden Name Rosa Ford
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin Jones
9. Father's Occupation Book
10. Father's Birthplace Balt?
Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell M.D.
Address 125 North Charles St.
Remarks Left Occipito - Sacral Position of Vertex

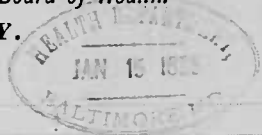


RETURN OF A BIRTH.

76577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth. Nov. 28th 1884

4. Place of Birth (Street and Number) 275 N. Eden St.

5. Full Name of Mother Josephine Snowman

6. Mother's Maiden Name " Krieger

7. Mother's Birthplace City

8. Full Name of Father Frederic Snowman

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. B. Henby, M.D.

Address 283 N. Eden St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 27/1884

4. Place of Birth, (Street and Number) No 106 Fulton

5. Full Name of Mother, Ellis German

6. Mother's Maiden Name, Ellis Harrison

7. Mother's Birthplace, London

8. Full Name of Father, Thomas German

9. Father's Occupation, Laborn

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return E. J. J. J.

Address, No 87 Lombard St

Remarks, _____

To a copy of this return for such returns, to be preserved as other files and journals are recommended.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 24 1884

4. Place of Birth, (Street and Number) 117 4th Gilman St

5. Full Name of Mother, Kate Shaly

6. Mother's Maiden Name, Kate Shaly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henri Shaly

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 117 4th Gilman St

Remarks,

7658A

City.

Female

uce) W. L. Z.

31. December

68 Fredrick Ave

62
 Caroline Annie Schaefer

Ernst Hermann Fischer

Анон.

36 Ave C. Bingham Schenck

Shirley

Opinion
H. J. ...

1. James

or other Person who makes this Return

170801 702111

RETURN OF A BIRTH ⁷⁶⁵⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 6th 1885

4. Place of Birth, (Street and Number) 19 14 Central Ave

5. Full Name of Mother, Theresa Snider

6. Mother's Maiden Name, Maas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Snider

9. Father's Occupation, Wagon Fitter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophie Simon

Address, 1070 Grandby St.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

6-11

4. Place of Birth (Street and Number)

Richmond

1st

Feb 5

5. Full Name of Mother

Ellen Khetler

6. Mother's Maiden Name

Jarvis

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Khetler

9. Father's Occupation

hackerman

10. Father's Birthplace

Baltimore

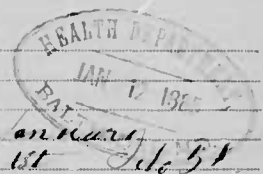
Name of Medical Attendant, or other Person who makes this Return.

Address

Jane Gray

Remarks

W No 70 Bond St



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

Jan. 6. 1885

52 Saratoga St.

Lizzie S. Lutz

" " Stevenson

Penn.

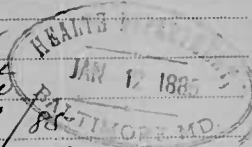
P. A. Lutz

Medical Student

Penn.

Thos. O'Keefe M.D.

179 N. Howard.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

Colored

Jan 6th 1885

1071 S. Durham St.

Fannie Abrams

Williams

Baltimore City

Joseph Abrams

Porter

Baltimore City

City Lookman

25 Gist St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 8 1885

4. Place of Birth, (Street and Number)

383 E Pratt

5. Full Name of Mother,

Sarah Adler

6. Mother's Maiden Name,

Sarah Schoenberg

7. Mother's Birthplace,

Breslau city

8. Full Name of Father,

Louis Adler

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Breslau city

Name of Medical Attendant, or other Person who makes this Return

A. B. Woodman

Address,

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. ☒, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *January 16th 1888*

4. Place of Birth, (Street and Number) *440 Pleasant Street*

5. Full Name of Mother, *Jessie Robinson*

6. Mother's Maiden Name, *Williams*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Robinson*

9. Father's Occupation, *Labour*

10. ☒ her's Birthplace, *Georgetown, Virginia*

Name of Medical Attendant, or other Person who makes this Return. *John Wilson M.D.*

Address, _____

Remarks, _____

RETURN OF A BIRTH 7/588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 6, 83

4. Place of Birth, (Street and Number)

17 Wilhelm St.

5. Full Name of Mother,

Elliza J. Temple

6. Mother's Maiden Name,

Foster

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

Anders Jackson Temple

9. Father's Occupation,

Labourer

Father's Birthplace,

Balto. Co.

Name of Medical Attendant, or other Person who makes this Return.

L. A. Wilson

Address,

837 W. Pratt St.

Remarks,

for each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3d
Male

White

Jan 6th

Lombard St Near Eulaw

Susan White

— Luthicum

— W. P. White

Painter

Md.

Wm Whithage



RETURN OF A BIRTH, 76590

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 4th Wednesday Jan^y 1888

4. Place of Birth, (Street and Number)

75 Chesapeake St

5. Full Name of Mother

Ella Lynch

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Stephen Lynch

9. Father's Occupation

Shipfitter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. E. Richard M.D.

Address

280 Donnell St

Remarks

Easy and quick labor both mother and child are

doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

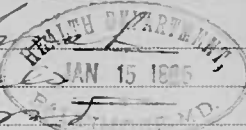
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 Jan

4. Place of Birth, (Street and Number) 177 Lombard

5. Full Name of Mother, Minnie Smith

6. Mother's Maiden Name, Eckhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Smith

9. Father's Occupation, Grocer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *January 7: 85*

Place of Birth, (Street and Number) *389 N. Fayette st*

Full Name of Mother, *Helena Mitchell*

Mother's Maiden Name, *" Myron*

Mother's Birthplace, *Baltimore*

Full Name of Father, *John Elsworth Mitchell*

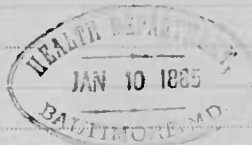
Father's Occupation, *Chick*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *C. B. Williams*

Address, *201 Madison Ave*

Remarks, _____



to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

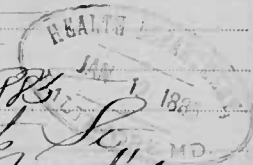
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

76595
2.
Male
White
Jan 1 1885
92 Robert St.
Emma Rosenthal
" Hay
City
Samuel Rosenthal
Black
City
W. A. B. Sullivan M.D.
46 W Biddle St



Persons who fail to comply with the provisions of the Act, or who make false statements, shall be subject to the same penalties and forfeitures as other persons who fail to comply with the provisions of the Act.

RETURN OF A BIRTH

76896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 Jan 1885

4. Place of Birth, (Street and Number)

235 N. Carey St

5. Full Name of Mother,

N. S. House

6. Mother's Maiden Name,

N. S. House

7. Mother's Birthplace,

Baltic Co. Md

8. Full Name of Father,

J. W. House

9. Father's Occupation,

Agent Dr. &c.

10. Father's Birthplace,

Fred Co. Md

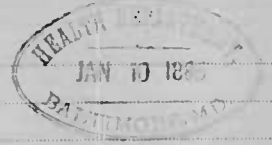
Name of Medical Attendant, or other Person who makes this Return

Mr. Jackson Evans

Address,

240 N. Carey St

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 8th

4. Place of Birth, (Street and Number)

264 Eastern ave

5. Full Name of Mother,

Caroline Dinner

6. Mother's Maiden Name,

Caroline Dickman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Franc Dinner

9. Father's Occupation,

Butler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Friedrich Kaufman

Address,

202 S. Dulaney St

Remarks,

Healthy

RETURN OF A BIRTH, 76598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 8th 1885

4. Place of Birth, (Street and Number)

145 W. Fayette St.

5. Full Name of Mother

Bertha Kaufman

6. Mother's Maiden Name

Wasserman

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Gustav Kaufman

9. Father's Occupation

Sailor

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

J. B. Butler M.D.

Address

137 W. Fayette St.

Remarks

RETURN OF A BIRTH 76599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 8 Jan

4. Place of Birth, (Street and Number) 14 S.ough

5. Full Name of Mother, Katie Magnamer

6. Mother's Maiden Name, Magro

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Magnamer

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Gasper

Address, 12 E. Lombard

Remarks, _____

RETURN OF A BIRTH *76600*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *8 Jun*

4. Place of Birth, (Street and Number) *152 Eden*

5. Full Name of Mother, *Gusta Wanie*

6. Mother's Maiden Name, *Will*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Wanie*

9. Father's Occupation, *Ice-driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Casper*

Address, *12. C. Lombard*

Remarks,

RETURN OF A BIRTH 76601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd of 4

Sex. (state whether male or female) Male

Race or Color. (if not of the white race) White

Date of Birth, Jan 2 1885

Place of Birth, (Street and Number) N. Ann St

Full Name of Mother, Cappington

Mother's Maiden Name, Simpson

Mother's Birthplace,

Full Name of Father, William Cappington

Father's Occupation, Undertaker's Agent

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Geo. F. Taylor, M. D.

Address, 284 N. Broadway

Remarks, (Yrning)



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 6 child*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth *Jan. 4th 1885*
Place of Birth, (Street and Number) *No 19 Burk st*
Full Name of Mother, *Catherine Thomas*
Mother's Maiden Name, *Bitterbush*
Mother's Birthplace, *Baltimore*
Full Name of Father, *Charles A Thomas*
Father's Occupation, *Engineer*
Father's Birthplace, *Liverpool state new york*
Name of Medical Attendant, or other Person who makes this Return. *Miss Wiley*
Address, *No 12 Patterson Park av*
Remarks,

7/10
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child *William Watson Kennard*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 7th 1885

4. Place of Birth, (Street and Number)

85 Chester St

5. Full Name of Mother,

Mallie (Kennard) Kennard

6. Mother's Maiden Name,

Carton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George (Kennard) Kennard

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Wiley

Address,

No 12 Patterson Park av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

☒ Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of Jan 1885*

4. Place of Birth, (Street and Number) *Bay View*

5. Full Name of Mother, *Katie Tignor*

6. Mother's Maiden Name, *Katie Gannon*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Gannon*

9. Father's Occupation, *Shoemaker*

☒ Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Augusta Kunkel*

Address, *71 North Chapel St. for Jonathan Kunkel*

Remarks, *Healthy*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)...

Race or Color, (if not of the white race).

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Seventh Child

Female

White

8 of January

No 4 New st

Robert Schieve

Robert Schieve

York Pennsylvania

Louis Schieve

Caper Hanger

Baltimore

Mrs Fola Dabler

No 4 New st



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sevent 7*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Be Jan 8 - 1885*

4. Place of Birth, (Street and Number) *343 Saratoga st*

5. Full Name of Mother, *Anna E. Haydn*

6. Mother's Maiden Name, *Anna E. Dwyer*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Haydn*

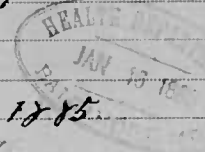
9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Lenard town St Mary Co Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. H. H.*

Address, *21 No Poppleton St*

Remarks,



RETURN OF A BIRTH

76607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Sex, (state whether male or female)..... *7.*
 Race or Color, (if not of the white race)..... *Colored*
 Date of Birth,..... *Jan 4 1885*
 Place of Birth, (Street and Number)..... *Est- Monument St*
 Full Name of Mother,..... *Anna Jordan*
 Mother's Maiden Name,..... *A. Brown*
 Mother's Birthplace,..... *Fells Point - Baltimore Md*
 Full Name of Father,..... *James H Jordan*
 Father's Occupation,..... *Brick Maker*
 Father's Birthplace,..... *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return...... *Wm Glasgow*
 Address,..... *McC Elderay St - Etowah*
 Remarks,.....

76608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 8 1885

4. Place of Birth (Street and Number)

Fort Ben near Jackson

5. Full Name of Mother

Rosa. Louclwig

6. Mother's Maiden Name

Lyons

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frederick. Louclwig

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth. Zensell

Address

68 Fort Ben

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of January 1905

4. Place of Birth, (Street and Number) 35 South Charles Street

5. Full Name of Mother, Mary Franklin

6. Mother's Maiden Name, Mary George

7. Mother's Birthplace, Bell Island Somerset County

8. Full Name of Father, Amelia George

9. Father's Occupation, Grocer

10. Father's Birthplace, Wilmington Virginia

Name of Medical Attendant, or other Person who makes this Return, Cecelia Franklin

Address, 21 North Chapel Street for Cecelia Franklin

Remarks, Healthy

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

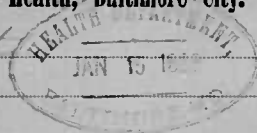
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH.

76611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether ~~male~~ or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th 15th A.M. 9th January, 1885.*
4. Place of Birth (Street and Number) *2162 Aisquith St. Baltimore, Maryland.*
5. Full Name of Mother *Laura Ellen Oliver Marshall*
6. Mother's Maiden Name *Laura Ellen Oliver*
7. Mother's Birthplace *Baltimore, Maryland.*
8. Full Name of Father *Henry Rodney Marshall*
9. Father's Occupation *Clerk in R.R. Office*
10. Father's Birthplace *England*
- ☒ Name of Medical Attendant, or other Person who makes this Return. *Wm. J. North, M.D.*
- Address *236 N. Howard St.*
- Remarks

RETURN OF A BIRTH ⁷⁶¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

9 January 1885

4. Place of Birth, (Street and Number)

1721 Banne St

5. Full Name of Mother,

Katherine Weinkam

6. Mother's Maiden Name,

Katherine Mueller

7. Mother's Birthplace,

Germany Bavaria

8. Full Name of Father,

John Weinkam

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hunter

Address,

21 W. Poppleton St

Remarks,

For each office to be returned as other forms and certificates are received.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1

Male

1 January 1889

Baltimore, Charlott St. 253

Mabelle Niedel

Melle

Germany

Henry Niedel

Workman

Germany

Harriene Shway Elizabeths Ellis M. G.

For each birth, a separate copy of this form must be returned to the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH.

76614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12. William Miller & Co. Bal.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 9th January

4. Place of Birth (Street and Number) Corner, Pennsylvania & Bolton Canton Balto.

5. Full Name of Mother Laura Neal

6. Mother's Maiden Name Laura Gubb

7. Mother's Birthplace America

8. Full Name of Father William Schol

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return Johanna Dornin

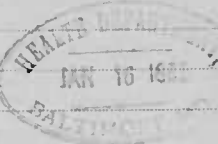
Address No. 118 Chasapeake St Baltimore M.d.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10d*
 Sex, (state whether male or female) *male*
 Race or Color, (if not of the white race) *white*
 Date of Birth, *Jan 14 - 1855*
 Place of Birth, (Street and Number) *150 E. Edmond St*
 Full Name of Mother, *Mary E. Matthey*
 Mother's Maiden Name, *Taylor*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *James Matthey*
 Father's Occupation, *Pilot*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Sarah T. Harington*
 Address, *403 E. E. Taylor St*
 Remarks,



to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 76616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

Sex, (state whether male or female) ~~male~~ female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 11th 1885

4. Place of Birth, (Street and Number) Patterson Park, No. 30.

5. Full Name of Mother, Katharine Müller

6. Mother's Maiden Name, Katharine Pracht

7. Mother's Birthplace, Nelmershausen R. Prussen, Germany

8. Full Name of Father, Kaspar Müller

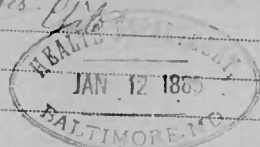
9. Father's Occupation, Butcher

10. Father's Birthplace, Wudensing Gr. Baden, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,



for each offense to be recovered as other laws and regulations may require.

RETURN OF A BIRTH, 7667

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 9th 1885

4. Place of Birth, (Street and Number) 421 Fremont St

5. Full Name of Mother Annie C. ~~Clark~~ Klunk

6. Mother's Maiden Name Annie C. ~~Clark~~ Klunk

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Charles H. Klunk

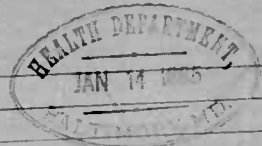
9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore Md

☒ One of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address Cor Arlington Ave & Madison St

Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

white

Date of Birth,

9th of January

Place of Birth, (Street and Number)

128

Poppleton street

Full Name of Mother,

Mrs. C. Baker

Mother's Maiden Name,

Mrs. Maria Baker

Mother's Birthplace,

Baltimore

Full Name of Father,

Mrs. Charles Baker

Father's Occupation,

Bookster

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Kate Cross

Address,

128 Poppleton street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

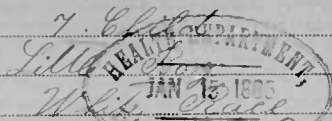
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Born the 10 Jan 1885

Baltimore No 203 Frederick

Mrs Kilderbrach

Mrs Lizzie Braun

Born in Baltimore city

Mrs John Kilderbrach

Brick layer by trade

Born in Baltimore city

Mrs Kilder

1017 west Pratt st city

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 10th 1885

4. Place of Birth, (Street and Number)

20 N^o. Kim St

5. Full Name of Mother,

Florence Gerhard

6. Mother's Maiden Name,

Florence Carruthers

7. Mother's Birthplace,

Baltimore City Maryland

8. Full Name of Father,

John Gerhard

9. Father's Occupation,

Scroll Sawyer

10. Father's Birthplace,

Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Reported by Father



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 10 January 1885

4. Place of Birth, (Street and Number) 47 Myerne St

5. Full Name of Mother, Augusta Schaeffer

6. Mother's Maiden Name, Salch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Herman Schaeffer

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Wiley

Address, 46 12 Patterson Park av

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan 10 1885*

4. Place of Birth, (Street and Number) *49 Burk St*

5. Full Name of Mother, *Missiebeth Lind*

6. Mother's Maiden Name, *Bohm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Lind*

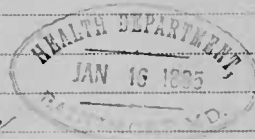
9. Father's Occupation, *Saboring*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hilary*

Address, *No 12 Patterson Park an*

Remarks, . . .



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 10 5

4. Place of Birth, (Street and Number)

No 176 Cambridge St

5. Full Name of Mother,

Maggie Hellemann

6. Mother's Maiden Name,

Maggie Scheiter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charly Hellemann

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Friedrich Kaufmann

Address,

No. 202 S. Dallas St

Remarks,

Midwife

Persons who shall have four full to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Jan. 10, 1885.*

4. Place of Birth, (Street and Number) *# 67 Plum Alley.*

5. Full Name of Mother, *Maggie Groce*

6. Mother's Maiden Name, *Maggie Groce*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *William Groce*

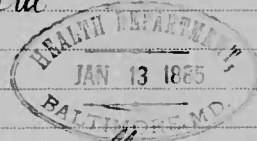
9. Father's Occupation, *Labor.*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *H. Ella Brooks.*

Address, *# 210 Warner St*

Remarks, *Doing well as can be expected*



RETURN OF A BIRTH

76625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

White

Date of Birth,

Tenth of January 1885

Place of Birth, (Street and Number)

141 South Stripper St.

Full Name of Mother,

Agnes Medora Gutermuth

Mother's Maiden Name,

Agnes Medora Wakeman

Mother's Birthplace,

Florida U.S.

Full Name of Father,

William H. Gutermuth

Father's Occupation,

Tailor

Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Moyn, amos. Dr. Moring

Address,

No 60, S. Parrish St. Baltimore Md.

Remarks,

Mother and child are doing well.

RETURN OF A BIRTH.

76426

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Male
JAN 13 1885

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 10th 1885

4. Place of Birth (Street and Number)

30 Hopkins Ave

5. Full Name of Mother

Helen L. Cordell

6. Mother's Maiden Name

Helen L. Dodge

7. Mother's Birthplace

Marblehead Mass

8. Full Name of Father

Edmund V. Cordell

9. Father's Occupation

Manufacturer of Hardware

10. Father's Birthplace

Boston Mass

Name of Medical Attendant, or other Person who makes this Return.

S. E. R. Bar #142 Bolton 12

Address

Remarks

RETURN OF A BIRTH 76627

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, January 10th 1885
Place of Birth, (Street and Number) No 361 William st
Full Name of Mother, Ellen Meakens
Mother's Maiden Name, Ellen Coker
Mother's Birthplace, Baltimore
Full Name of Father, John Meakens
Father's Occupation, Police Office
Father's Birthplace, Virginia
Name of Medical Attendant, or other Person who makes this Return Catherine Hornung
Address, No 18 Byrd st
Remarks,

RETURN OF A BIRTH, 76628

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Saturday, 10 January 1885

4. Place of Birth, (Street and Number) No 82 Raborg St.

5. Full Name of Mother Emily Gannon

6. Mother's Maiden Name Emily Clark

7. Mother's Birthplace St Marys Co

8. Full Name of Father James Gannon

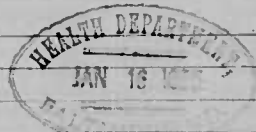
9. Father's Occupation Stevedore

10. Father's Birthplace St Marys Co

Name of Medical Attendant, or other Person who makes this Return.

Address 113 Raborg St

Remarks

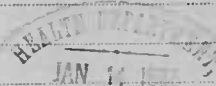


May E. Wallace

RETURN OF A BIRTH ⁷⁶²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10th
4. Place of Birth, (Street and Number) No 163 Lombard st
5. Full Name of Mother, Eve May
6. Mother's Maiden Name, " Neis
7. Mother's Birthplace, Balto.
8. Full Name of Father, George May
9. Father's Occupation, Carriager
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other Person who makes this Return, Lophia Leman
Address, No 71 Granby st
Remarks,



RETURN OF A BIRTH ⁷⁶³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 11 of January 1884

4. Place of Birth, (Street and Number)

No 32 Wilcox St.

5. Full Name of Mother,

Ella Kehler

6. Mother's Maiden Name,

Ella Logan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Kehler

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Mrs Ch. Sauer

Address,

No 173 Maryland Ave

Remarks,

Baltimore Md 1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 11th 1885

4. Place of Birth, (Street and Number)

122 Harmoner Lane

5. Full Name of Mother,

Julia Mashers

6. Mother's Maiden Name,

Julia L. L. L.

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James Mashers

9. Father's Occupation,

Barber

10. Father's Birthplace,

Howard Co Md

Name of Medical Attendant,

or other Person who makes this Return

Charles M. Wain

Address,

258 N. 1st St

Remarks,

None None

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 76632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, January 11th 1881

Place of Birth, (Street and Number) 30 Sharp St. ally

Full Name of Mother, Julia Leats

Mother's Maiden Name, Julia Thomas

Mother's Birthplace, St. Marys Co Md

Full Name of Father, James Emory

Father's Occupation, Laborer

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return Harriet Hammond

Address, 65 Arch St

Remarks,

RETURN OF A BIRTH.

75603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex (state whether Male or Female)

female

Race or Color (if not of the white race)

white

Date of Birth

January 14th 1885

Place of Birth (Street and Number)

S. W. Cor. Gough & Spring St.

Full Name of Mother

Elizabeth Mueller

Mother's Maiden Name

" Rippel

Mother's Birthplace

Germany

Full Name of Father

Chas. Mueller

Father's Occupation

Restaurateur

Father's Birthplace

Germany

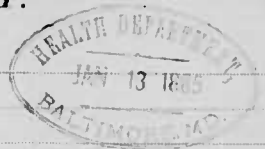
Name of Medical Attendant, or other Person who makes this return

D. G. Daesch M.D.

Address

325 E. Baltimore St.

Remarks



RETURN OF A BIRTH.

76634

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

13th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 11th 1885

4. Place of Birth (Street and Number)

560 Franklin St

5. Full Name of Mother

Mary Newcomer

6. Mother's Maiden Name

Mary Murray

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. Arthur Newcomer

9. Father's Occupation

Letter Carrier

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. L. Skinner
414 W. Carey St

Address

Remarks



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

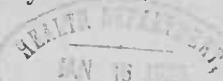
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



1st

Male

Colored

Jan 11th 1885

1509 Madison Alley

Mary E. Burkner

West River 16d.

Geo. Beckman

25 East St

RETURN OF A BIRTH.

76636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d -

1. Sex (state whether Male or Female) Female -

2. Race or Color (if not of the white race) White -

3. Date of Birth Jan. 6/85 -

4. Place of Birth (Street and Number) 245 N. Mount St -

5. Full Name of Mother Mary F. Chalk -

6. Mother's Maiden Name Etting -

7. Mother's Birthplace Carroll Co Md -

8. Full Name of Father Charles H. Chalk -

9. Father's Occupation Sailing -

10. Father's Birthplace Baltimore -

Name of Medical Attendant, or other Person who makes this Return.

R. M. Goldsmith - M.D. -

Address

425 N. Calhoun St.

Remarks

RETURN OF A BIRTH 76637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

white race

Date of Birth,

11. January

Place of Birth, (Street and Number)

Patsey Avenue No 6

Full Name of Mother,

Mary Rourke

Mother's Maiden Name,

Mary Hog

Mother's Birthplace,

Ireland

Full Name of Father,

Michael Rourke

Father's Occupation,

labourer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. Thornton

Address,

249 Patsey Avenue South

Remarks,

Baltimore

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

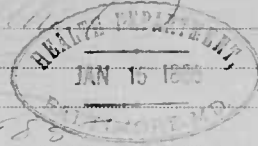
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



any person or persons who shall neglect to file or cause to be filed a return for such offense, to be recovered as other fines and penalties are recoverable in a fine of ten dollars for each offense.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 11th 1885

4. Place of Birth, (Street and Number)

No 12 S Patterson Park ave

5. Full Name of Mother,

Margaret Berner

6. Mother's Maiden Name,

Isenrode

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William F Berner

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11th

4. Place of Birth, (Street and Number) No 37 President St

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, " Krol

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schmidt

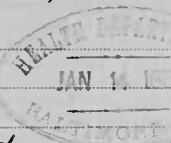
9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. No 70 Grant St

Address, Sophia Simon

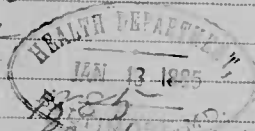
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan 11 1885*
4. Place of Birth, (Street and Number) *No 29 Clarkson St*
5. Full Name of Mother, *Ella McKenly*
6. Mother's Maiden Name, *Ella Harp*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *John McKenly*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Balt city md*
- Name of Medical Attendant, or other Person who makes this Return, *C. Hinton*
- Address, *No 656 S Charles St*
- Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

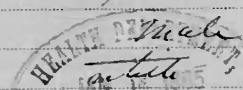
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



124 W. Howard - 4
May Lyons -
" Lafere -
Penna.
William K. Lyons -
Adm -
H. B.
D. Sholl M.D.
1434 E. 4th St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January the 12, 1885

4. Place of Birth, (Street and Number), Broadway 121

5. Full Name of Mother, Christine Ludolph

6. Mother's Maiden Name, Christine Bachleber

7. Mother's Birthplace, Lellen, in Sachsen, Germany

8. Full Name of Father, Lucius Ludolph

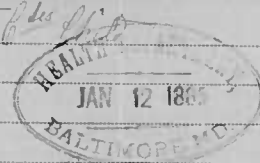
9. Father's Occupation, Dealer in China ware

10. Father's Birthplace, Pese, in Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, Dallas St. 121

Remarks,



or persons who shall hereafter fall in coming with the provisions of this act, shall be liable to the date of the birth of the child, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth *1-12-85*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Josephine Jones.*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Med.*

8. Full Name of Father, _____

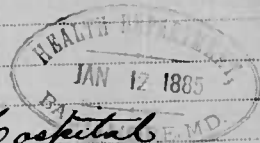
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann M.D.*

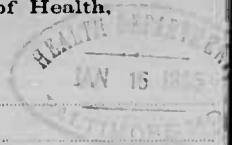
Address, _____

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *Dark complexion*

Date of Birth, *January 12th 1885*

Place of Birth, (Street and Number) *4 Hamilton St*

Full Name of Mother, *Eliza Page*

Mother's Maiden Name, *" Smith*

Mother's Birthplace, *Eastern Shore Md.*

Full Name of Father, *Robert Page*

Father's Occupation, *Porter*

Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th Jan*

4. Place of Birth, (Street and Number) *239 1/2 Cedar St.*

5. Full Name of Mother, *Mary Fitzgerald*

6. Mother's Maiden Name, *" Schumann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mary Fitzgerald*

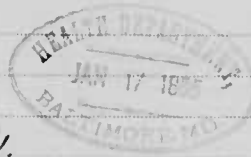
9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary Hall*

Address, *125 N. Caroline St.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d 3rd

Sex, (state whether male or female)

Both Female

Race or Color, (if not of the white race)

White

Date of Birth,

January 12-1885

Place of Birth, (Street and Number)

478 E. Eager St

Full Name of Mother,

Emma F. Watkins

Mother's Maiden Name,

" " Kurtz

Mother's Birthplace,

Baltimore Md

Full Name of Father,

Edwin D. Watkins

Father's Occupation,

Coxemaker & Musician

Father's Birthplace,

West Chester Pa

Name of Medical Attendant,

or other Person who makes this Return

Geo. F. Taylor M.D

Address,

234 N. Broadway

Remarks,

(Lying in)



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 12. 1885

4. Place of Birth, (Street and Number)

34 Parish St.

5. Full Name of Mother,

Maggie E. Elder

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Howard Co.

8. Full Name of Father,

W. E. Elder

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Howard Co.

Name of Medical Attendant, or other Person who makes this Return,

R. Wilson

Address,

837 N. Pratt St.

Remarks,

or persons who shall refrain from doing so, and for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 12 1885

4. Place of Birth, (Street and Number)

1015 Cambridge St

5. Full Name of Mother,

Mary Ann Whyle

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Whyle

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

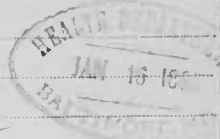
or other Person who makes this Return

Sarah T Harrington

Address,

1015 Cambridge St

Remarks,



RETURN OF A BIRTH ⁷⁶⁶⁵¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First.*
Sex, ☒ male or female *Female.*
Race or Color, (if not of the white race) *White.*
Date of Birth, *January 6, 1885.*
Place of Birth, (Street and Number) *155 S. Fremont St.*
Full Name of Mother, *Annie Jacobsen.*
Mother's Maiden Name, *Annie Jacobsen.*
Mother's Birthplace, *Denmark.*
Full Name of Father, *Carl Jacobsen.*
Father's Occupation, *Prudential Insurance Co.*
Father's Birthplace, *Denmark.*
Name of Medical Attendant, or other Person who makes this Return *Alfred Whitcomb M.D.*
Address, *70 E. Balt^d St.*
Remarks, *Natural Labor.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

John
January 8, 1888

17 Myrtle St
Emma Rollahan

" York

Baltimore

Wm Rollahan

Baker

Baltimore

H. L. Spencer
387 N. Lombard St

to a fine of ten dollars for each offense, to be recovered as other laws and penalties may require.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first Lillian Churchill

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 11th 1885

4. Place of Birth, (Street and Number)

22 Wilson

5. Full Name of Mother,

Indiana Churchill

6. Mother's Maiden Name,

Gondshell

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

James Churchill

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Connecticut

Name of Medical Attendant, or other Person who makes this Return

Address,

506 Mad. Ave.

Remarks,

ENTER NAME ADDED 2-5-53

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

female

3. Date of Birth

11th June 1881

4. Place of Birth, (Street and Number)

63 China St.

5. Full Name of Mother,

Alustia Young

6. Mother's Maiden Name,

Alustie Pouden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Young

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Bolton - Conn.

Name of Medical Attendant, or other Person who makes this Return.

William Gross

Address,

12 Plum Alley

Remarks,

RETURN OF A BIRTH, 76650

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Monday 5:30 PM Jan 12th 1885

4. Place of Birth, (Street and Number)

Cor. 4th St & Dillon St

5. Full Name of Mother

Ligia White

6. Mother's Maiden Name

Knight

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William White

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

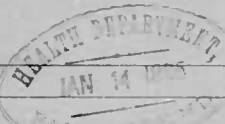
J. E. Pritchard M.D.

Address

28 O'Donnell St

Remarks

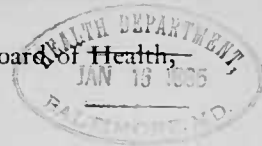
130th mother and child are doing well



RETURN OF A BIRTH.

76656

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Jan 13 85

4. Place of Birth (Street and Number)

11 Colburn St.

5. Full Name of Mother.

Katie Louella Kerns

6. Mother's Maiden Name

" " Roake

7. Mother's Birthplace

Balto, Md.

8. Full Name of Father

James Henry Kerns

9. Father's Occupation

Trimmer

10. Father's Birthplace

Balto, Md.

Name of Medical Attendant, or other Person who makes this return

P. S. Jausch

Address

325 E. Balto. St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan. 12th 1885

Place of Birth, (Street and Number)

107 1/2 S. Front St.

Full Name of Mother,

Simmie Ribakow Ribakow

Mother's Maiden Name,

Simmie Ribakow Ribakow

Mother's Birthplace,

Russia

Full Name of Father,

Solomon Ribakow Ribakow

Father's Occupation,

Peddler

Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Rebecca Gristman

Address,

No. 6 Broad Street East Lombard St.

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 12th 1885

4. Place of Birth (Street and Number)

Aisquith & Edwards St.

5. Full Name of Mother

Ellie Wilkie

6. Mother's Maiden Name

Ellie Brown

7. Mother's Birthplace

Baltimore Maryland

8. Full Name of Father

Thomas S. Wilkie

9. Father's Occupation

Restaurant

10. Father's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

Irving Miller M.D.

Address

179 E. Monument St

Remarks



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

White

3. Date of Birth.

12 of January

4. Place of Birth, (Street and Number).

346 Eastern ave.

5. Full Name of Mother,

Georgianna Edman

6. Mother's Maiden Name,

Georgianna Tray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Edman

9. Father's Occupation,

Printer.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. A. Tray

Address,

193 South Chester st.

Remarks,

health of child.

RETURN OF A BIRTH 7660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, ☒ male or female

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5-16

Male

White

Jan. 12.

N.E. Corner of Filmore & Mulberry (402).

Kate Bates.

Kate Weston.

England.

B. F. Bates.

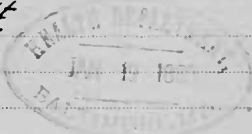
Life Insurance

England

Alfred Litchman M.D.

78 E. Baltimore St.

Natural Labor



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

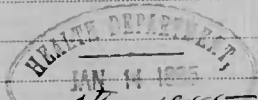
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



American 13th 1885

No 199 N. Dacres st

Sarah Mahon

" "

Baltimore, Maryland,

Scottish or Unknown.

Unknown

Unknown

J. Ridgway Andre' M.D.

121 E. Basts. St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

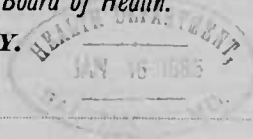
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6 Child*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 13 of January 1885*
4. Place of Birth, (Street and Number) *No 269 East Eager St.*
5. Full Name of Mother, *Sophia Hanning*
6. Mother's Maiden Name, *Sophia Twining*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Stephen Hanning*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*
Address, *No 173 Harford Street*
Remarks, *Baltimore Md*
1885

RETURN OF A BIRTH.

76663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Ninth.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 13, 1885.*

4. Place of Birth (Street and Number) *No. 578 Harford ave*

5. Full Name of Mother *Bertha Nixon*

6. Mother's Maiden Name *Bertha Langguth*

7. Mother's Birthplace *Germany.*

8. Full Name of Father *James Nixon*

9. Father's Occupation *Car Driver*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Prof. A. Clewell, M.D.
No 558 Harford ave*

RETURN OF A BIRTH.

over 76664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: *Edgar S. Husband* *Fourth*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 13 1885

4. Place of Birth (Street and Number)

380 N. Stricker St.

5. Full Name of Mother

Jennie Husband

6. Mother's Maiden Name

Jennie Jordan

7. Mother's Birthplace

Balto. Co.

8. Full Name of Father

Joseph E. Husband

9. Father's Occupation

Grocer

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Jordan M.D.

Address

632 Lexington St.

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 13th*

4. Place of Birth, (Street and Number) *85 Johnson St*

5. Full Name of Mother, *Henrietta Hollister*

6. Mother's Maiden Name, *Marfield*

7. Mother's Birthplace, *Lafayette Washington County*

8. Full Name of Father, *Edward P. Hollister*

9. Father's Occupation, *Boiler Maker*

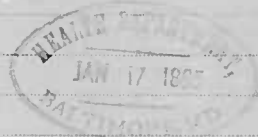
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Dr. Clark

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of Jan

4. Place of Birth, (Street and Number) 33 Miller St.

5. Full Name of Mother, Elizabeth Young

6. Mother's Maiden Name, Richardson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Young

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 123 N. Caroline St

Remarks,

RETURN OF A BIRTH⁷⁶⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 13th 1885

4. Place of Birth, (Street and Number)

329 W. Fayette St

5. Full Name of Mother,

Mary W. Carter

6. Mother's Maiden Name,

Mary W. Owens

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John S. Carter

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Penikese Island Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Schaffer

Address,

120 Columbia Ave

Remarks,

RETURN OF A BIRTH ⁷⁶⁶⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *Jan. 13*

Place of Birth, (Street and Number) *12 Rose Street*

Full Name of Mother, *Mary E. Briggs*

Mother's Maiden Name, *Elley & Steens*

Mother's Birthplace, *Virginia*

Full Name of Father, *Samuel P. Briggs*

Father's Occupation, *Removal Furniture*

Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Lucy Carmichael*

Address, *13 Garden St.*

Remarks,

RETURN OF A BIRTH 76669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

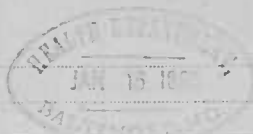
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17th of January, 1852.*
4. Place of Birth, (Street and Number) *16 North Chestnut St.*
5. Full Name of Mother, *Katie Plunk*
6. Mother's Maiden Name, *Katie Cook*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Cook*
9. Father's Occupation, *School-master*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Cecilia Truvel*
Address, *11 North Chapel St. per Cecilia Truvel*
Remarks, *Healthy*

RETURN OF A BIRTH 76671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, January 14th 1885

Place of Birth, (Street and Number) No 107 Goodman st

Full Name of Mother, Margaret Humal

Mother's Maiden Name, Margaret Dechler

Mother's Birthplace, Germany

Full Name of Father, Wolfe Humal

Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catharine Horning

Address, No 18 Byrd st

Remarks,

RETURN OF A BIRTH 76672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, January 14th 1880
Place of Birth, (Street and Number) 97 S Spring St
Full Name of Mother, Siddet Sidusky
Mother's Maiden Name, Ellinger
Mother's Birthplace, Russia
Full Name of Father, Lehman Sidusky
Father's Occupation, Sailor
Father's Birthplace, Russia
Name of Medical Attendant, Rebecca Justman
or other Person who makes this Return
Address, 6 Broad Alley near Lombard St
Remarks,



RETURN OF A BIRTH. 76673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4^{tes}*

Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *14 January*

4. Place of Birth, (Street and Number) *31 Pot St*

5. Full Name of Mother, *Mary Haubdes*

6. Mother's Maiden Name, *Mary Cusack*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Haubdes*

9. Father's Occupation, *Super*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*

Address, *No 302 S. Dallas St*

Remarks, *Hebammc*

or persons who shall hereafter fail to comply with the provisions of this record, will for each offence be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 Jan.

4. Place of Birth, (Street and Number)

Ellen Burn 21 S. Easter

5. Full Name of Mother,

Keller Ellen Burn

6. Mother's Maiden Name,

Keller

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Burn

9. Father's Occupation,

Sea-ford man

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 13 Jan.

4. Place of Birth, (Street and Number) 123 Easter Council

5. Full Name of Mother, Annie Council

6. Mother's Maiden Name, Baskot

7. Mother's Birthplace, Italy

8. Full Name of Father, John Council

9. Father's Occupation, Musician

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks, _____

RETURN OF A BIRTH, 76676

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 14th 1885

4. Place of Birth, (Street and Number)

No. 26 N. Exeter St.

5. Full Name of Mother

Eva Squahan

6. Mother's Maiden Name

Eva Smith

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

John A. Sanahan

9. Father's Occupation

Moulder

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Kate Sanahan

Address

No. 376 N. Conrough St

Remarks

The patient is doing well.

RETURN OF A BIRTH ⁷⁶⁶⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th*

Sex, ☒ male or female *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *Jan 14 1885*

Place of Birth, (Street and Number) *164 Chester Street*

Full Name of Mother, *Mary Tarlton*

Mother's Maiden Name, *Goodwin*

Mother's Birthplace, *St. Marys, Co. Md.*

Full Name of Father, *William Combs Tarlton*

Father's Occupation, *Carpenter*

Father's Birthplace, *St. Marys, Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *J. E. Heard, M.D.*

Address, *216 E. Monument St.*

Remarks, *Child large. Mother small.*

The only remark that subs the call.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6. 7th*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *14 January 1855*

4. Place of Birth, (Street and Number) *S. Bond St 328*

5. Full Name of Mother, *Maria Kossitz*

6. Mother's Maiden Name, *Maria Engel*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Heinrich*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Hebner*

Address, *Lexington St*

Remarks, *Child 185*

Baltimore Jan 17 January 1855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

15 January

4. Place of Birth, (Street and Number)

136. Patterson Av

5. Full Name of Mother,

Margretthe Hofmann

6. Mother's Maiden Name,

Margretthe Kraus

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Peter Hofmann

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Raupmann

Address,

N^o 202. S. Dallas St

Remarks,

Hebomme

RETURN OF A BIRTH 76680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, January 15th 1885.

Place of Birth, (Street and Number) No 18 Heath St

Full Name of Mother, Sarah B. Buttner

Mother's Maiden Name, Sarah B. Falk

Mother's Birthplace, Baltimore

Full Name of Father, George J. Buttner

Father's Occupation, Carpenter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Horning

Address, No 18 Byrd St

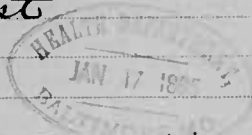
Remarks,

RETURN OF A BIRTH.

76681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth *Jan. 15th 85*
4. Place of Birth, (Street and Number) *Maternity Hospital*
5. Full Name of Mother, *Annie Behoe*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Med.*
8. Full Name of Father, *_____*
9. Father's Occupation, *_____*
10. Father's Birthplace, *_____*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. Nordmann M.D.*
- Address, *_____*
- Remarks, *_____*



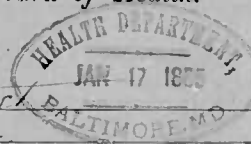
RETURN OF A BIRTH, 76682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First



1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

January 15 1885

4. Place of Birth, (Street and Number)

196 N Mount St.

5. Full Name of Mother

Matilda Myers

6. Mother's Maiden Name

Matilda Holden

7. Mother's Birthplace

Balto.

8. Full Name of Father

Isaiah Myers

9. Father's Occupation

machinist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J A Schickel

Address

1825 Sora Galt

Remarks

RETURN OF A BIRTH.

76683

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5-

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth Jan 15th 1885-

4. Place of Birth (Street and Number)

359 N. Gulton av -

5. Full Name of Mother

Mary Ellen Markland

6. Mother's Maiden Name

Bennett

7. Mother's Birthplace

Balto. Co -

8. Full Name of Father

Charles E. Markland

9. Father's Occupation

Teacher

10. Father's Birthplace

Balto. Co -

Name of Medical Attendant, or other Person who makes this Return.

R. M. Goldsmith, M.D.

Address

Harlem av & Calhoun St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 Jan

4. Place of Birth, (Street and Number)

16 Style

5. Full Name of Mother,

Jennie Sang

6. Mother's Maiden Name,

Finn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Sang

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Male*

1. Sex, (state whether male or female) *2 Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *15 Jan*

4. Place of Birth, (Street and Number) *71 E. Lombard*

5. Full Name of Mother, *Mary Schott*

6. Mother's Maiden Name, *Rash*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Bernhardt Schott*

9. Father's Occupation, *Tavern*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Carter*

Address, *72 E. Lombard*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 76688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd child

Sex. (state whether male or female)

Female

Race or Color. (if not of the white race)

White

Date of Birth.

Jan. 3/85

Place of Birth, (Street and Number)

50 N. Broadway

Full Name of Mother.

Indiana Asken

Mother's Maiden Name.

Williams

Mother's Birthplace.

W. D. Berry Baltimore

Full Name of Father.

W. H. Asken

Father's Occupation.

Carpenter

Father's Birthplace.

W. D. Berry Baltimore

Name of Medical Attendant,

or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 S. Broadway

Remarks.

GIVEN NAME ADDED 9-30-54
RETURN OF ~~A~~ BIRTH 76687

To the Office of Registrar of Vital Statistics, Board of Health,

BAITIMORE CITY.

John Ossian Dakin 2^d child
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

white

Date of Birth,

Jan. 3/85

Place of Birth, (Street and Number)

125 S. Wood

Full Name of Mother,

Mary Dakin

Mother's Maiden Name,

Mary Rummell

Mother's Birthplace,

Baltimore

Full Name of Father,

Daniel Dakin

Father's Occupation,

Laborer

Father's Birthplace,

Nova Scotia

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 S. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3. 1885

4. Place of Birth, (Street and Number) 118 N. Carey St

5. Full Name of Mother, Lollie Halle

6. Mother's Maiden Name, Schloss

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Halle

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address, 179 N. Howard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

White

Jan. 4/85

227 Madison Ave

Mary K Troxell

Hopkins

Maryland

Fredrick W. Troxell

Merchant

Balto.

Thomas Opie M.D.

179 N. Howard St.

RETURN OF A BIRTH 7691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 18 1875

4. Place of Birth, (Street and Number) 1108

5. Full Name of Mother, Sarah Shneider

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Balt

8. Full Name of Father, John Shneider

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return, Mrs W. H. Hilly

Address, 48 Hollander St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

11th child

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

white

Date of Birth,

Jan. 7/85

Place of Birth, (Street and Number)

139 Bank St.

Full Name of Mother,

Mary E. Leashmyer

Mother's Maiden Name,

Mary E. Finkband

Mother's Birthplace,

Baltimore

Full Name of Father,

Henry Leashmyer

Father's Occupation,

Justice of the Peace

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 So. Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 8/85

4. Place of Birth, (Street and Number)

1216 N. Gilmore St.

5. Full Name of Mother,

Hellie F. Robinson

6. Mother's Maiden Name,

" Burch

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Charles J. Robinson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 N. Howard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 9th 1885*

4. Place of Birth (Street and Number) *113 N. Euter St*

5. Full Name of Mother *Lizzie C. Hoffhubert*

6. Mother's Maiden Name *Singelbach*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry Hoffhubert*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. Gauer M.D.*

Address *105 N. Central Avenue*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

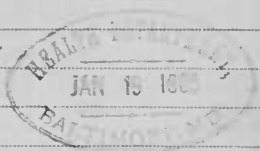
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth January 19th

4. Place of Birth, (Street and Number) Baltimore Hull St No 16

5. Full Name of Mother, Sarah Chandler

6. Mother's Maiden Name, Hawkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Chandler

9. Father's Occupation, labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Halpin

Address, William St No 244

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 January

4. Place of Birth, (Street and Number) 54 Harrison St

5. Full Name of Mother, Darry Han

6. Mother's Maiden Name, Wentbread

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hass

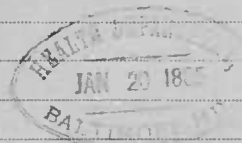
9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. A. B. C. C. C.

Address, No. 28. N. E. C. C. C. C. C.

Remarks, MD.



RETURN OF A BIRTH

76701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, ☒ male or female

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

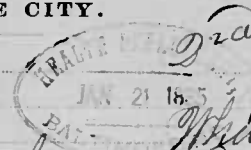
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,



92a
Male
White
January 17 1885
40 Covington St
Minnie McLeod
Minnie Johnson
Sunderlands Md
Capt John McLeod
Mariner
Boston Mass
Dr Betts M D
do Miami W

RETURN OF A BIRTH.

76702

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Second*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 14 1886*
4. Place of Birth (Street and Number) *No 146 East Bal St*
5. Full Name of Mother *Mary E. Langer*
6. Mother's Maiden Name *Mary E. Wallicker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Langer*
9. Father's Occupation *Brass Molder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ann E. Ball*
- Address *No 171 South Chester St*
- Remarks

RETURN OF A BIRTH 7/6/03

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd Child

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan. 14/85

Place of Birth, (Street and Number)

81 S. Chisler St

Full Name of Mother,

Ella Higley

Mother's Maiden Name,

Ella Thomas

Mother's Birthplace,

Virginia

Full Name of Father,

Joseph Higley

Father's Occupation,

Iron worker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

50 S. Broadway

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 14th 1885*
4. Place of Birth (Street and Number) *171 N. Chester St.*
5. Full Name of Mother *Sauria E. Keady*
6. Mother's Maiden Name *Stewart*
7. Mother's Birthplace *Balti. Md.*
8. Full Name of Father *Oliver G. Keady*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Hartford Co. Md.*
- Name of Medical Attendant, or other person who makes this Return. *Thomas A. Jauer M.D.*
- Address *105 N. Central Avenue*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

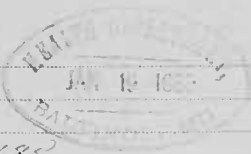
Remarks,

RETURN OF A BIRTH

76706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 Sex, (state whether male or female) *male*
 Race or Color, (if not of the white race) *white*
 Date of Birth, *15th of January 1885*
 Place of Birth, (Street and Number) *Fairmount ave. 185*
 Full Name of Mother, *Angelina Thabersack*
 Mother's Maiden Name, *Angelina Riley*
 Mother's Birthplace, *Germany*
 Full Name of Father, *Charles Thabersack*
 Father's Occupation, *Fresco Painter*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return, *Henrietta Glasgow*
 Address, *No 293 Mc Elderry st ext 1st*
 Remarks, *In good health*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January the 15. 1885.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2^d)*
Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 16th 1885*
4. Place of Birth, (Street and Number) *No 169 North Wolfe St*
5. Full Name of Mother, *Mrs. Eliza Jane Coster*
6. Mother's Maiden Name, *Miss E. J. Medley*
7. Mother's Birthplace, *St Mary's County, Md*
8. Full Name of Father, *Mr. James J. Coster*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Baltimore, Md*
Name of Medical Attendant, or other Person who makes this Return *Mrs H. Cleudine, M.D.*
Address, *No 102 N. Broadway*
Remarks,

RETURN OF A BIRTH, 76709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth 16 January

4. Place of Birth, (Street and Number) Maryland St

5. Full Name of Mother, Catharine Galley

6. Mother's Maiden Name, Catharine Barry

7. Mother's Birthplace, Matthews Kentucky

8. Full Name of Father, Jewell Galley

9. Father's Occupation, oyster sheller

10. Father's Birthplace, Dalbalder Connecticut

Name of Medical Attendant, or other Person who makes this Return, milie grose

Address, 17

Remarks,

RETURN OF A BIRTH.

76710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Jan. 16th 1884

4. Place of Birth (Street and Number)

79 Clifford St.

5. Full Name of Mother

Susan Ross

6. Mother's Maiden Name

Susan Evans

7. Mother's Birthplace

Baet.

8. Full Name of Father

George Ross

9. Father's Occupation

Wailer

10. Father's Birthplace

Baet.

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hoare M.D.

Address

262 Sharp St.

Remarks

RETURN OF "A BIRTH"

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 16th*

4. Place of Birth, (Street and Number) *522 Hanover St*

5. Full Name of Mother, *Lollie Stevens*

6. Mother's Maiden Name, *Lollie Joyce*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Robert Stevens*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Mrs. Gaskin

Address,

Remarks,

RETURN OF A BIRTH, 76712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 16th 85*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Auguste Roddard*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *_____*

9. Father's Occupation, *_____*

10. Father's Birthplace, *_____*

Name of Medical Attendant, or other Person who makes this Return. *F. R. Nordmann M.D.*

Address, *_____*

Remarks, *_____*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 Jan.

4. Place of Birth, (Street and Number)

50 Style

5. Full Name of Mother,

Maggie Stöhner

6. Mother's Maiden Name,

Waltner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Stöhner

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, ☒ male ☐ female

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st child
female

white

Jan-16/88

178 Gough St

Elizabeth Bailey

Eliz. Caldwell

Liverpool Eng.

Edward Bailey

carpenter

Bald

R. W. Mansfield M.D.

50 S. Broadway

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth 16th day of January 1885

4. Place of Birth, (Street and Number) Boundary ave. Widmansplace

5. Full Name of Mother, Lina Ebert

6. Mother's Maiden Name, Lina Lauterbach

7. Mother's Birthplace, Udestadt Germany

8. Full Name of Father, Fred Ebert

9. Father's Occupation, Gardener

10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Maemel Midwife

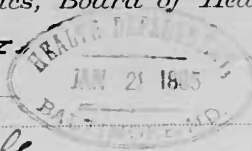
Address, 224 Saratoga st

Remarks, _____

RETURN OF A BIRTH

76716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY



Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Colored

Date of Birth,

Jan 16th 1885

Place of Birth, (Street and Number)

333 N. Dunham

Full Name of Mother,

Eliza Jane Souverville

Mother's Maiden Name,

" " Howard

Mother's Birthplace,

Baltimore, Md.

Full Name of Father,

John Henry Souverville

Father's Occupation,

Stocker

Father's Birthplace,

St. Thomas, Co. 16d

Name of Medical Attendant, or other Person who make this Return.

Henrietta Glasgow

Address,

112 Eldon St. Exton

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Minie Lumberg

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White. Name, Rachel.

Date of Birth,

17 January 1885

Place of Birth, (Street and Number)

18 St James.

Full Name of Mother,

Minie Lumberg

Mother's Maiden Name,

Minie Hershman

Mother's Birthplace,

Harenput Russia

Full Name of Father,

Moris Lumberg

Father's Occupation,

Meatman

Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Rebeka Lushman

Address,

16 Broad Alle.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *17th of January 1883*

4. Place of Birth, (Street and Number) *337 East Fayette St.*

5. Full Name of Mother, *Mary Kerschel*

6. Mother's Maiden Name, *Mary Kaine*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James D. Kaine*

9. Father's Occupation, *Police*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Martin Kerschel*

Address, *70 North Chapel Street per Justice Kerschel*

Remarks, *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

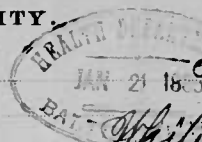
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



5th child
Male

White

January 17, 1888
186 Conway St

Mary Flynn

Mary Hannon
Baltimore

John Flynn
Machinist

Baltimore

H. B. Cook, M.D.
50 Murray av

RETURN OF A BIRTH.

76720

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 24th 1884
4. Place of Birth (Street and Number) 16 S. Bond St.
5. Full Name of Mother Maggie Cook
6. Mother's Maiden Name Rock
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Edward A. Cook
9. Father's Occupation Porter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Samuel J. Pomeroy, M.D.
- Address 105 N. Central Ave.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

76721
Sixth
Male
White

Jan 2 - 1885

297 N. Durham

Mie Kucera

" Doubal

Bohemia

Joseph Kucera

Tailor

Bohemia

Josephine Conrad

20 Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

First

Male

White

January 4th 1885

Abbott St. No. 6.

Barbara Wink

Krupans

Baltimore Md.

James Wink

Carpenter

Baltimore

Josephine Conrad

20 Barnes St. Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

76723
Fifth
Female
White

Jan. 5th 1885

28 Kauligen All.

Barbara Hoffman

Wagner

Balto.

Niklas Hoffman

Tailor

Balto.

Josephine Conrad

20 Barnes St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

76724
Ninth

Male

White

Jan 6th 1885

240 N. Durham

Marie Marousek

" " Zuzak

Bohemia

Wenzel Marousek

Labour

Bohemia

Josephina Conrad

Barnes St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 12th 1885.

4. Place of Birth, (Street and Number)

N. Duham 320.

5. Full Name of Mother,

Marie Rybak

6. Mother's Maiden Name,

Charvat

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Rybak

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return,

Josephine Conrad

Address,

20 B. St. N. Duham

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth

Male

White

Jan. 12. — 1885

Horn Street No. 22

Philippa Boul

" " Hunsch

Germany

Louis Boul

Laborer

Germany

Josephine Conrad

21

Barnes St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Little Girl*
2. Race or Color, (if not of the white race) *White Race* 1867
3. Date of Birth, *15th of January 1884*
4. Place of Birth, (Street and Number) *925 west Pratt city*
5. Full Name of Mother, *Mrs. Gumpman*
6. Mother's Maiden Name, *Miss Maria Miller*
7. Mother's Birthplace, *Born in Baltimore city*
8. Full Name of Father, *Mr. George Gumpman*
9. Father's Occupation, *Laborer by trade*
10. Father's Birthplace, *Born in Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Miller*
Address, *1017 west Pratt city*
Remarks,

RETURN OF A BIRTH.

76728

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 10th

4. Place of Birth (Street and Number)

242 Hughes St

5. Full Name of Mother

Catherine Miller

6. Mother's Maiden Name

Catherine Lewis

7. Mother's Birthplace

Green Castle Pa

8. Full Name of Father

Edward Miller

9. Father's Occupation

Wagon Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lydia Porter

Address

no 4 north co avenue

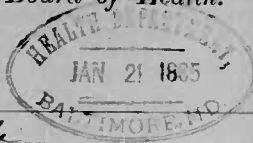
Remarks

healthy child

RETURN OF A BIRTH, 76729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 17 1885
4. Place of Birth, (Street and Number) 347 East Monument St
5. Full Name of Mother Henrietta Rollison
6. Mother's Maiden Name Henrietta Shaper
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Perry Rollison
9. Father's Occupation Wreckman
10. Father's Birthplace Kent County Md
- ☒ Name of Medical Attendant, or other Person who makes this Return. Amanda McFarlane
- Address 175 North Eden St
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of June 1883

4. Place of Birth, (Street and Number) No. 29 of Williams St.

5. Full Name of Mother, Lillian Miller

6. Mother's Maiden Name, Lillian Fisher

7. Mother's Birthplace, Prussia

8. Full Name of Father, John Miller

9. Father's Occupation, Same as mother

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Joseph J. G. Huber

Address, 112 1/2 W. 1st St.

Remarks,

RETURN OF A BIRTH 76731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) white
Date of Birth, January 18, 1885
Place of Birth, (Street and Number) 43 E Pratt Street
Full Name of Mother, Sarah Karlsky
Mother's Maiden Name, Sarah Schneider
Mother's Birthplace, Riga Russia
Full Name of Father, Samuel Karlsky
Father's Occupation, Stock Keeper at Clothier
Father's Birthplace, Riga Russia
Name of Medical Attendant, or other Person who makes this Return, Rebekah Justman
Address, A G Broad Alle
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

76732

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Jan. 18 95

Place of Birth, (Street and Number)

493 Light St

Full Name of Mother,

Ebene Carter

Mother's Maiden Name,

Lucie

Mother's Birthplace,

Maryland

Full Name of Father,

Edmund Carter

Father's Occupation,

Laborer

Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Wm. D. Carter M.D.

Address,

493 Light St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1st, 1885

4. Place of Birth, (Street and Number) Orlean St., 1334

5. Full Name of Mother, Katharine Wagner

6. Mother's Maiden Name, Katharine Lohmann

7. Mother's Birthplace, Waterbury, Conn.

8. Full Name of Father, Heinrich Wagner

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Homburg, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St., N. 26

Remarks, _____

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 5th 1885

4. Place of Birth, (Street and Number)

12 Hammond Alley Baltimore

5. Full Name of Mother,

Dorcas Williams

6. Mother's Maiden Name,

Hill

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Pete Williams

9. Father's Occupation,

Lab. per.

10. Father's Birthplace,

Suffolk New York

Name of Medical Attendant, or other Person who makes this Return

Mrs Hannah Knowles

Address,

136 South Caroline Street

Remarks,

to a true and correct statement of the facts, to be recovered as other cases and penalties are recovering.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

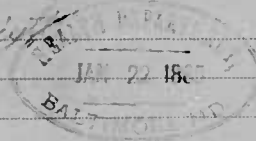
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *Jan 10th 1885*

4. Place of Birth, (Street and Number) *10151 Fayette Ave*

5. Full Name of Mother, *Josephine Vey*

6. Mother's Maiden Name, *Woodward*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Chas A Vey*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. C. Warner, M.D.*

Address, *Cos Fayette Ave & Sticker St*

Remarks, _____

RETURN OF A BIRTH 76739

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *Brown skin*
Date of Birth, *12th of January 1885*
Place of Birth, (Street and Number) *W. Baycar St. No 80*
Full Name of Mother, *Laura Howard*
Mother's Maiden Name, *Laura Brown*
Mother's Birthplace, *Washington City*
Full Name of Father, *David A. Howard*
Father's Occupation, *Upholster*
Father's Birthplace, *Richmond County Virginia*
Name of Medical Attendant, or other Person who makes this Return *Lydia Somerville*
Address, *Clinton Ave*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Second

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thurs Jan 15th 1885

4. Place of Birth, (Street and Number)

No 167 E. Pratt St

5. Full Name of Mother,

Mrs L Ward

6. Mother's Maiden Name,

Elizabeth Schunk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Ward

9. Father's Occupation,

Police

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

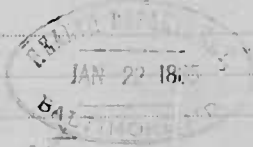
or other Person who makes this Return

Mrs Hannah Knowles

Address,

117 E Pratt St - 136 S Caroline St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

IAN 23 1891

B45-17-2885

Jan 23 1891

Edw. K. K. K.

Germany

Friedrich K. K.

Germany

Germany

Germany

Germany

Germany

Germany

Germany

Germany

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *Jan 18 1885*
4. Place of Birth, (Street and Number) *11 May St.*
5. Full Name of Mother, *Silvestis Jackson*
6. Mother's Maiden Name, *Silvestis Cary*
7. Mother's Birthplace, *St. Mary Co.*
8. Full Name of Father, *Edmund Cary*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *St. Mary Co.*
- Name of Medical Attendant, or other Person who makes this Return *Lucius H. H. H.*
- Address, *13. Regester*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

William F. Wockenfuss

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

Sex, (state whether male or female)

Male

Race Color, (if not of the white race)

White

Date of Birth,

16th January 1885

Place of Birth, (Street and Number)

95th Boyel St Baltimore Md

Full Name of Mother,

Augustine Wockenfuss

Mother's Maiden Name,

Augustine Riordan

Mother's Birthplace,

Germany

Full Name of Father,

Frederick W. Wockenfuss

Father's Occupation,

Black Smith

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Ann. Grooming

Address,

No 60 Parrish St Baltimore

Remarks,

Mother and child are doing well.

HEALTH DEPARTMENT
JAN 22 1885
BALTIMORE MD

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 18 1885

4. Place of Birth, (Street and Number)

Baltimore. No 144. S. Regester St.

5. Full Name of Mother,

Melinda Kosman

6. Mother's Maiden Name,

Loingelbach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Kosman

9. Father's Occupation,

Caw maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann Kosman

Address,

No 10 S Eden St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

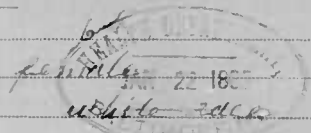
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
February 22 1885
white race
January the 14th
Baltimore Byrd st No 25
Margaret Kirby
Lanner
Baltimore
Thomas Kirby
Miller
Baltimore
Elizabeth Hubbard
William St No 24

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th of January 1885

4. Place of Birth, (Street and Number)

No 1665 Enoch St

5. Full Name of Mother,

Mary Stauffisan

6. Mother's Maiden Name,

Mary Mc Carthy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Stauffisan

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sauer

Address,

No 173 Hayford Ave

Remarks,

Baltimore Md

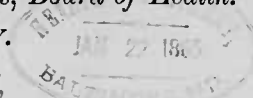
1885

RETURN OF A BIRTH.

76749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 reg*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17th of January 1885*
4. Place of Birth (Street and Number) *Baltimore City No 30 S. Howard St*
5. Full Name of Mother *May Ellen Smith*
6. Mother's Maiden Name *May Ellen Grimes*
7. Mother's Birthplace *Woodstock, Baltimore County*
8. Full Name of Father *Basil Nathaniel Smith*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Annapolis, Annapundall Co*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. R. C. Bush*
- Address *409 P. Sticks St*
- Remarks *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 18th

4. Place of Birth, (Street and Number) No 9 Jasper St

5. Full Name of Mother, Anna M. Stevens

6. Mother's Maiden Name, Anna M. Stevens

7. Mother's Birthplace, Fredrick Md

8. Full Name of Father, David R. Stevens

9. Father's Occupation, Horse dealer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Sarah J. Duvall No 9 Jasper St

Address, ...

Remarks, ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 11 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White 2 18c

3. Date of Birth,

The 18 of January 1885

4. Place of Birth, (Street and Number)

No 348 Lisquith St

5. Full Name of Mother,

Angela Wernsing

6. Mother's Maiden Name,

Angela Wurst

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Wernsing

9. Father's Occupation,

Sink Cleaning

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Dr. Ch. Lauer

Address,

No 173 Hartford Ave

Remarks,

Baltimore Md

1885-

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 18 of January 1855*
4. Place of Birth, (Street and Number) *No 254 Central Ave*
5. Full Name of Mother, *Barbara Schunker*
6. Mother's Maiden Name, *Barbara Shober*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Schunker*
9. Father's Occupation, *Stone Cutter*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*
Address, *No 133 Maryland Ave*
Remarks, *Balt. Md.*
1855

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 January

4. Place of Birth, (Street and Number) 217 Durham St

5. Full Name of Mother, Agnes Weber

6. Mother's Maiden Name, Kuphasky

7. Mother's Birthplace, Graudenz Germany

8. Full Name of Father, Lukon Kuphasky

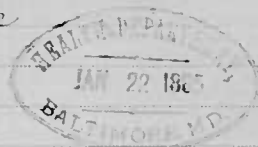
9. Father's Occupation,

10. Father's Birthplace, Graudenz

Name of Medical Attendant, or other Person who makes this Return Maria Githner

Address, 245 S. Wolfe St.

Remarks,



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 30th 1884

4. Place of Birth, (Street and Number)

131 N. Ann St.

5. Full Name of Mother,

Marie Malus

6. Mother's Maiden Name,

Hinks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Salomon Malus

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return,

Josephine Conrad

Address,

25 Barnes St

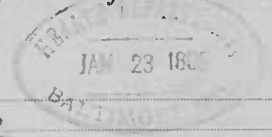
Remarks,

RETURN OF A BIRTH.

176756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child ☒ Mother, (state whether 1st, 2d, 3d, &c.)

6

(state whether male or female)

Female

or Color (if not of the white race)

White

Age of Birth

the 12

Place of Birth (Street and Number)

Dowberry St 52

Name of Mother

Johanna McKean Sherry

Mother's Maiden Name

Johanna Macgier

Mother's Birthplace

Baltimore

Name of Father

Patrick Mae Inerhony

Father's Occupation

Seaborn

Father's Birthplace

In county Clare Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edw. C. Chappin

Address

No. 674 West Pratt St

Remarks

76757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

146

SECRET

1855

10/63 Baf 10/17/1963

10. 5. 1948
Horse Island

Gerlach

1992

Friedrich Hiesel

america

181011883

Lobocaulis med.

38 17.12.1981

RETURN OF A BIRTH 76758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th January 1883*

4. Place of Birth, (Street and Number) *102 N. High St.*

5. Full Name of Mother, *Barrie Wolf*

6. Mother's Maiden Name, *Barrie Davis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Isaac Wolf*

9. Father's Occupation, *Lign. Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *A. W. Little*

Address, *A. W. Little Fayette & Fremont Sts.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *Jan 19 1885*

4. Place of Birth, (Street and Number) *52 S. Peckham*

5. Full Name of Mother, *Laura M. Groshears*

6. Mother's Maiden Name, *" " Smith*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Wm. J. Groshears*

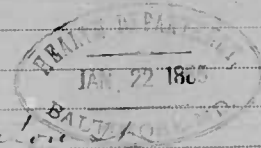
9. Father's Occupation, *B. & O. R. R. Office*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Cor Lafayette and Stricker St*

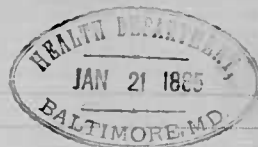
Remarks,



RETURN OF A BIRTH.

76760

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks *no drug, no trouble. six hours.*

White
Jan 19th 1885
157 Hughes St
Kate Kennedy
Kate Gabley
Balt. Md
Peter Kennedy
River Captain
Balt. Md

Dr. S. Latimer M.D.
371 Eutaw Place

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 27 1881

4. Place of Birth, (Street and Number) No 218 High St

5. Full Name of Mother, Maria Adams

6. Mother's Maiden Name, Maria Jones

7. Mother's Birthplace, Boston

8. Full Name of Father, John Adams

9. Father's Occupation, Carriage Maker

10. Father's Birthplace, Boston

Name of Medical Attendant, or other Person who makes this Return, John G. Graham

Address, No 218 High St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored race

3. Date of Birth, January 17, 1884

4. Place of Birth, (Street and Number) N 3 Butler St

5. Full Name of Mother, Long Simpson

6. Mother's Maiden Name, Mary Murray

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father,

9. Father's Occupation, Labourer

10. Father's Birthplace, Caroline Co

Name of Medical Attendant, or other Person who makes this Return

Address, 130 Regester St

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 76763

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan 20 1885

Place of Birth, (Street and Number)

295 N. Gay St.

Full Name of Mother,

Mary Cohen

Mother's Maiden Name,

Mary Lillauer

Mother's Birthplace,

N. Carolina

Full Name of Father,

Samuel J. Cohen

Father's Occupation,

Merchant

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

J. H. Morris

Address,

No. 2 Cathedral St.

Remarks,

RETURN OF A BIRTH.

76764

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 20/85

4. Place of Birth (Street and Number) 124 McCulloch St

5. Full Name of Mother Sophie S. Gray

6. Mother's Maiden Name Peggott

7. Mother's Birthplace Baltimore City

8. Full Name of Father C. Dallas Gray

9. Father's Occupation China Merchant

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. W. J. Farrell

Address 128 Madison St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

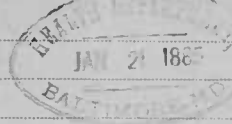
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W't

3. Date of Birth, 20 of June 1885

4. Place of Birth, (Street and Number) No 226 Baltimore

5. Full Name of Mother, Anna Greene

6. Mother's Maiden Name, Anna Green

7. Mother's Birthplace, Spain

8. Full Name of Father, William Greene

9. Father's Occupation, Iron Sayer

10. Father's Birthplace, Spain

Name of Medical Attendant, or other Person who makes this Return, John Green

Address, St. 155 N. 1st St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ind

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 20 1885

4. Place of Birth, (Street and Number)

Bank St Baltimore md 280

5. Full Name of Mother,

Hipparah J Davis

6. Mother's Maiden Name,

Jones Jarvis

7. Mother's Birthplace,

Mathews Co Va

8. Full Name of Father,

George Davis

9. Father's Occupation,

seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Hannah Knowles

Address,

136 S. Caroline St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *17th of January 1883*
 4. Place of Birth, (Street and Number) *No 426 Federal St*
 5. Full Name of Mother, *Hannah Messinghl*
 6. Mother's Maiden Name, *Hannah Messinghl*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Joseph Messinghl*
 9. Father's Occupation, *Canvassing Agent*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*
 Address, *No 113 Hagerd Ave*
 Remarks, *Baltimore Md*
1884

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 20, 1885

4. Place of Birth, (Street and Number)

433 W. Carey

5. Full Name of Mother,

Lucy T. Bald

6. Mother's Maiden Name,

Sea

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Wm. Chas. Bald

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Address,

506 Mad. Ave.

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

76770

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Octavia

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 21st 6 P.M. 1885

4. Place of Birth (Street and Number)

S. E. Cor. E. 4th & Lexington St.

5. Full Name of Mother

May Ann Jenkins

6. Mother's Maiden Name

May Ann Jenkins

7. Mother's Birthplace

Memphis, Tenn.

8. Full Name of Father

Wm. H. Saxon, Esq.

9. Father's Occupation

Jeweler

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

A. H. Saxon, M.D.

Address

Remarks

Instrumental Delivery

RETURN OF A BIRTH 76771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22nd of January 1885*
4. Place of Birth, (Street and Number) *119 North Lombard Street*
5. Full Name of Mother, *Katie Wilson*
6. Mother's Maiden Name, *Katie Meister*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ernst Meister*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Ernestin Kunkel*
- Address, *11 North Chapel Street for further notice*
- Remarks, *Healthy*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 11th 1882

4. Place of Birth, (Street and Number) #172, S. Charles St

5. Full Name of Mother, Katie Slater

6. Mother's Maiden Name, " Cronhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Slater

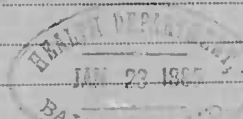
9. Father's Occupation,

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Anna Wilkeist, 1828 Monument St

Remarks,



RETURN OF A BIRTH 7/7/15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Wh*

3. Date of Birth, *Jan 11th*

4. Place of Birth, (Street and Number) *229 N. Howard St.*

5. Full Name of Mother, *Mary C. Harris*

6. Mother's Maiden Name, *Mary Rodrick*

7. Mother's Birthplace, *Sharpsburg Md*

8. Full Name of Father, *Thos. H. Harris*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Albany - N. Y.*

Name of Medical Attendant, or other Person who makes this Return, *H. F. Lockwood*

Address, *Pard Ave Meladison St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan. 11th 1885.

4. Place of Birth, (Street and Number) Belair Road.

5. Full Name of Mother, Virginia Steide.

6. Mother's Maiden Name, Weinmann.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Charles Steide.

9. Father's Occupation, Engineer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Hillegast.

Address, 182 E. Monument St.

Remarks,

for each office to be recovered as other fees and birth certificates are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 12th 1883.
4. Place of Birth, (Street and Number) #76 Somerset St.
5. Full Name of Mother, Mary Grattolf.
6. Mother's Maiden Name, " Gruber.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Grattolf.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Philadelphia.
- Name of Medical Attendant, or other Person who makes this Return, Wesleya Hillgeist
- Address, 172 E. Monument St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 12 1885

Place of Birth, (Street and Number) 29 Hollins St

Full Name of Mother, Ida Rosenfeld

Mother's Maiden Name, Ida Prager

Mother's Birthplace, W. Virginia

Full Name of Father, Jonas Rosenfeld

Father's Occupation, Cigar Manufacturer

Father's Birthplace, Balt - City

Name of Medical Attendant, or other Person who makes this Return Dr. J. P. ...

Address.

Remarks.

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

STATES AND STANDARDS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Herman H. Roemer*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 13th 1885*

4. Place of Birth, (Street and Number) *Belair Road*

5. Full Name of Mother, *Maggie Roemer*

6. Mother's Maiden Name, *Fischer*

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Conrad Roemer*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Nilquist*

Address, *1826 Monument St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 11th 1873*
4. Place of Birth, (Street and Number) *201 1/2 E. Madison St.*
5. Full Name of Mother, *Henia Weinberg*
6. Mother's Maiden Name, *Haris*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Joe Weinberg*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Henia Allequist*
- Address, *182 E. Monument St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 14th 1883

4. Place of Birth, (Street and Number) 331 Acquith St

5. Full Name of Mother, Elizabeth Reed Butler

6. Mother's Maiden Name, Reed

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry M. Butler

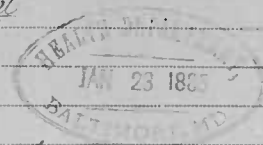
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hallquist

Address, 112 Monument St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 13th 1885.

4. Place of Birth, (Street and Number) #253 E. Chase St.

5. Full Name of Mother, Katie Siebert

6. Mother's Maiden Name, " Ruffert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Ruffert

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hellegert

Address, 182 E. Monument St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *Jan 16th 1885*
 Place of Birth, (Street and Number) *48 Barreg St*
 Full Name of Mother, *Sarah Levin*
 Mother's Maiden Name, *Sarah Perl*
 Mother's Birthplace, *Russia*
 Full Name of Father, *Harry Levin*
 Father's Occupation, *Peddler*
 Father's Birthplace, *Russia*
 Name of Medical Attendant, or other Person who makes this Return, *R. Goldsmith*
 Address, *87 S. Sharp St*
 Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this Act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 17th 1883

4. Place of Birth, (Street and Number) # 59 President St.

5. Full Name of Mother, Pasperlena Percella

6. Mother's Maiden Name, " Grov.

7. Mother's Birthplace, Italy

8. Full Name of Father, John Percella

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. H. Ena Hillegast
182 E. Monument St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 18th 1888

4. Place of Birth, (Street and Number) 42 Hamilton St.

5. Full Name of Mother, Katie C. Rafferty

6. Mother's Maiden Name, Banelore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank P. Rafferty

9. Father's Occupation, City Garbage Cart

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hillegast

Address, 142 E. Monument St.

Remarks,

for each address to be recorded as either true and correct or false and, if false, state the reason therefor.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 18th 1885

4. Place of Birth, (Street and Number) No 417 Charles St

5. Full Name of Mother, Lavinia Burns

6. Mother's Maiden Name, Lavinia Stalor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Beat Burns

9. Father's Occupation, Copper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Bathrine Hornum

or other Person who
makes this Return

Address, No 18 Byrd St

Remarks, _____

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 11th*

4. Place of Birth, (Street and Number) *No. 111 Madison St*

5. Full Name of Mother, *Amelia C. Smith*

6. Mother's Maiden Name, *Amelia Parrish*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles P. Smith*

9. Father's Occupation, *Gen'l and Mat'n's Broker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 120 Gen'l Mount and Bal*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 29 1885

4. Place of Birth, (Street and Number) 1012 E. Lombard St

5. Full Name of Mother, Ann Graham

6. Mother's Maiden Name, Wade

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles H. Graham

9. Father's Occupation, Linguist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 12 W. Lombard St

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁶⁷⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex ☒ male ☐ female

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

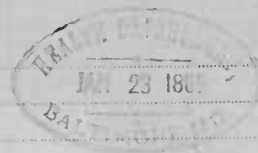
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



female

Color

19 January

15 Fordham Alley

Mary E. Fordham

Baltimore

Baltimore

George H. W. W. S.

Public Works

Baltimore

Dr. J. C. E. Smith

13 Fordham Alley

RETURN OF A BIRTH ⁷⁶⁷⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male - Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 19th 1885

4. Place of Birth, (Street and Number)

Baltimore Leonard St. No. 23

5. Full Name of Mother,

Annie Doyle

6. Mother's Maiden Name,

Burns

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Lawrence Doyle

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Mitchell

Address,

No. 34 Schroder, St.

Remarks,

Twins

for each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 20th 1885*

4. Place of Birth, (Street and Number) *256 Hanover St*

5. Full Name of Mother, *Agnes Clark*

6. Mother's Maiden Name, *Agnes Kelly*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *William Clark*

9. Father's Occupation, *Crooner*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return *R Goldsmith*

Address, *87 S. Sharp St*

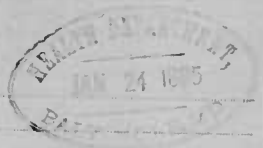
Remarks,

Persons who shall breake this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

76790

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d

2. Sex (state whether Male or Female) Male

3. Race or Color (if not of the white race) Negro

4. Date of Birth Jan. 21st '85

5. Place of Birth (Street and Number) No. 157 Pierce St.

6. Full Name of Mother Susie Darsey

7. Mother's Maiden Name Unknown

8. Mother's Birthplace Carroll Co. Md.

9. Full Name of Father Charles Darsey

10. Father's Occupation Laborer

11. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return F. B. Gardner

Address 120 E. Greene St.

Remarks

RETURN OF A BIRTH 7791

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

June 10 85

Place of Birth, (Street and Number)

No 76 Frederick St.

Full Name of Mother,

Agnes Lindner

Mother's Maiden Name,

Agnes Hennemann

Mother's Birthplace,

Balto City

Full Name of Father,

Geo Lindner

Father's Occupation,

Machine Operator

Father's Birthplace,

Balto City

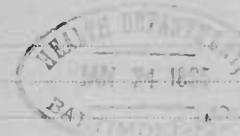
Name of Medical Attendant, or other Person who makes this Return

Mrs Anne Lindner

Address,

No 45 S. Monroe St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

July 23 1885

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth.

Jan 4 1885

Place of Birth, (Street and Number)

335 South Dallas St

Full Name of Mother,

Lizzie Buckley

Mother's Maiden Name,

Lizzie Chestine

Mother's Birthplace,

Baltimore

Full Name of Father,

Samuel Buckley

Father's Occupation,

Labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Lousia Smith

Address,

The child name Frank Buckley

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 18 1884

4. Place of Birth, (Street and Number) 53 N Castle St

5. Full Name of Mother, Dora Ecker

6. Mother's Maiden Name, Dora Ecker

7. Mother's Birthplace, Germany

8. Full Name of Father, John Ecker

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 68 N. Washington St

Remarks, Mary Koptich

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 4th 1884

4. Place of Birth, (Street and Number) 46 Abbott St

5. Full Name of Mother, Barbara Soboda

6. Mother's Maiden Name, Barbara Portenitz

7. Mother's Birthplace, Batavia

8. Full Name of Father, Joseph Soboda

9. Father's Occupation, Tailor

10. Father's Birthplace, Batavia

Name of Medical Attendant, Mary Kopitz
or other Person who makes this Return.

Address, 69 N Washington St

Remarks, Mary Kopitz

For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, January 6, 1875

4. Place of Birth, (Street and Number) 125 Chester St.

5. Full Name of Mother, Maria Loffler

6. Mother's Maiden Name, Wheeler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Loffler

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 61 Penna Ave.

Remarks, _____

any person or persons who shall hereafter fill in a copy of this form, and who shall not be a resident of the City of Baltimore, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 8/95

4. Place of Birth, (Street and Number)

Edwards Street 147.

5. Full Name of Mother,

Louise Batzel

6. Mother's Maiden Name,

Plakmann

7. Mother's Birthplace,

New York

8. Full Name of Father,

Paul Batzel

9. Father's Occupation,

Teacher

Father's Birthplace,

Russian

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft.

Address,

236 Canton Ave.

Remarks,

RETURN OF A BIRTH.

76797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 1880

4. Place of Birth, (Street and Number) No. 171 Washington St

5. Full Name of Mother, Emma Amfuer

6. Mother's Maiden Name, Emma Amfuer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Amfuer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptist

Address, 29 N. Washington St

Remarks, Mary Koptist

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 8th Jan. 1885

4. Place of Birth, (Street and Number) 2 Belair road

5. Full Name of Mother, Mary Lita

6. Mother's Maiden Name, Mary Shuman

7. Mother's Birthplace, Bolivia

8. Full Name of Father, Charles Lita

9. Father's Occupation, Laborer

10. Father's Birthplace, Bolivia

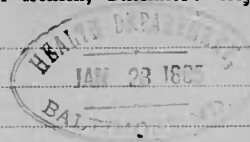
Name of Medical Attendant, Mary Lita

or other Person who
makes this Return.

Address, 69 N. Washington St

Remarks,

Mary Lita



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

76799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 8 Jan. 1884

4. Place of Birth, (Street and Number) 266 Duval St

5. Full Name of Mother, Mary Youplbverf

6. Mother's Maiden Name, Mary Shurz

7. Mother's Birthplace, Germany

8. Full Name of Father, Andrew Youplbverf

9. Father's Occupation, Shaver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koplist

Address, 69 N Washington St

Remarks, Mary Koplist

for each offense to be recovered as other laws and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *1st Jan 1885*

4. Place of Birth, (Street and Number) *69 Washington and Orleans St*

5. Full Name of Mother, *Kate Haackrich*

6. Mother's Maiden Name, *Kate Haackrich*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Haackrich*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Henry Kofner

Address, *69 Washington St*

Remarks, *Henry Kofner*

RETURN OF A BIRTH ⁷⁶⁸⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 8th 1885*
4. Place of Birth, (Street and Number) *Pea Court, Baltimore Md*
5. Full Name of Mother, *Bertha Mettkammer*
6. Mother's Maiden Name, *Bertha Buchenries*
7. Mother's Birthplace, *Berlin Prussia Germany*
8. Full Name of Father, *Wm. Mettkammer*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Berlin Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Chas. Smith Esq*
- Address, *426 S. E. St*
- Remarks,

for each office to be recovered as other data and for returns are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *9th Jan 1888*

4. Place of Birth, (Street and Number) *11 Fayette Court alley*

5. Full Name of Mother, *Mary Petrick*

6. Mother's Maiden Name, *Mary Desbora*

7. Mother's Birthplace, *Denmark*

8. Full Name of Father, *Frank Petrick*

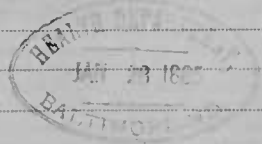
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bethania*

Name of Medical Attendant, or other Person who makes this Return. *Mary Hoffman*

Address, *69 N. Washington St*

Remarks, *Mary Hoffman*



For each address to be recovered as other files in the office of the Registrar of Vital Statistics.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 9th Jan 1885

4. Place of Birth, (Street and Number) 176 Dallas st

5. Full Name of Mother, Annie Robert

6. Mother's Maiden Name, Annie Helged

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Robert Robert

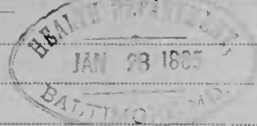
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, Mary Kistner
or other Person who makes this Return.

Address, 69 7th St. N.Y.C.

Remarks, Living



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 9th Jan 1884

4. Place of Birth, (Street and Number) 289 Lombard St

5. Full Name of Mother, Lager Panken

6. Mother's Maiden Name, Lager Panken

7. Mother's Birthplace, Germany

8. Full Name of Father, Paul Panken

9. Father's Occupation, Tailor

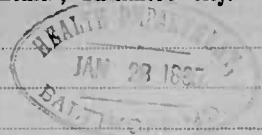
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

May Kipfel

Address, 69 N. Maryland St

Remarks, May Kipfel



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 9th Jan 1884

4. Place of Birth, (Street and Number) 144 Ches St

5. Full Name of Mother, Anne C. Chaffera

6. Mother's Maiden Name, Anne C. Chaffera

7. Mother's Birthplace, Bohemia

8. Full Name of Father, George A. Chaffera

9. Father's Occupation, Child

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return.

May K. G. P.

Address, 27 N. Washington St

Remarks, May K. G. P.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 9th Jan 1885

4. Place of Birth, (Street and Number) 11 Fayette St

5. Full Name of Mother, Carol Sutach

6. Mother's Maiden Name, Carol Ruckter

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Love Szentak

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Lippert

Address, 625 N. Washington St

Remarks, Mary Lippert

for each offense to be recovered as other late and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 7th Jan

4. Place of Birth, (Street and Number) 263 Alcott St

5. Full Name of Mother, Laborer - Ester

6. Mother's Maiden Name, Tuloran Loebe

7. Mother's Birthplace, Germany

8. Full Name of Father, Heinicke Ester

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koptel

Address, 69 11 Washington St

Remarks, Mary Koptel

For each offense to be recovered as other laws and regulations.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 21 1894

4. Place of Birth, (Street and Number) 56 N Dallas St

5. Full Name of Mother, Katie Baker

6. Mother's Maiden Name, Katie Punte

7. Mother's Birthplace, Germany

8. Full Name of Father, George Baker

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 62 N Washington St

Remarks, Many Hospital

for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH. ⁷⁶⁸¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 7th Jan 1885

4. Place of Birth, (Street and Number) 50 South ave

5. Full Name of Mother, Loise Gasech

6. Mother's Maiden Name, Loise Gadditz

7. Mother's Birthplace, Potomac

8. Full Name of Father, Albert Gasech

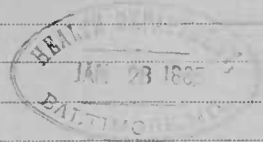
9. Father's Occupation, Tailor

10. Father's Birthplace, Potomac

☒ Name of Medical Attendant, or other Person who makes this Return. May R. G. G.

Address, 69 N. D. St. Baltimore

Remarks, Very healthy



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

76811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jan. 10th 85 # 132 Howard St.
4. Place of Birth, (Street and Number) Howard St.
5. Full Name of Mother, Anna Maria Powell
6. Mother's Maiden Name, Rueders
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Powell
9. Father's Occupation, Mariner
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other Person who makes this Return, Mrs. K. K. K.
- Address, # 328 S. E. Howard St.
- Remarks,

for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 Jan 1885

4. Place of Birth, (Street and Number) 276 Dallas St

5. Full Name of Mother, Mary Schear

6. Mother's Maiden Name, Mary Lee

7. Mother's Birthplace,

8. Full Name of Father, John Schear

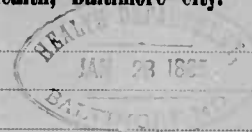
9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Lupton

Address, 67 Washington St

Remarks, Mary Lupton



for each office to be received as other uses and jurisdictions are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 Jan 1884

4. Place of Birth, (Street and Number) 268 Dallas st

5. Full Name of Mother, Mrs Stokely

6. Mother's Maiden Name, Anna Marks

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Marks

9. Father's Occupation, Sutor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptel

Address, 65 W Harrington st

Remarks, Mary Koptel



for each offence to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED 11-13-58

76814

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother *Sophia Mary Klima* (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *18 Jan 1885*

4. Place of Birth, (Street and Number) *25 Eden St*

5. Full Name of Mother, *Sofa Haptist Klima*

6. Mother's Maiden Name, *Sofa Haptist*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Frank Klima*

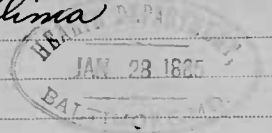
9. Father's Occupation, *laborer*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return. *Mary Haptist*

Address, *25 Eden St*

Remarks, *Mary Haptist*



of persons a signature must be written in ink and forfeitures are recoverable for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 Jan 1885

4. Place of Birth, (Street and Number) 69 Gough St

5. Full Name of Mother, Fanny Smith

6. Mother's Maiden Name, Fanny Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Thomas Smith

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hepburn

Address, 69 N. Washington St

Remarks, Mary Hepburn

of persons who have been furnished with this form and for fullness are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 Jan 1884

4. Place of Birth, (Street and Number) 78 Chester St

5. Full Name of Mother, Mary Nappier

6. Mother's Maiden Name, Mary Herschel

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Isidor Nappier

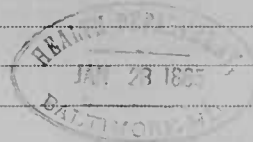
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

11. Name of Medical Attendant, Mary Kopitzke
or other Person who makes this Return.

Address, 69 N Washington St

Remarks, for Mary Kopitzke



for each office to be returned as other files and forgeries are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 Jan. 1884

4. Place of Birth, (Street and Number) 121 N. Washington st

5. Full Name of Mother, Annie Alingier

6. Mother's Maiden Name, Annie Masop

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Adam Alingier

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Heflich

Address, 69 N. Washington st

Remarks, Mary Heflich

for each offense to be recovered as other facts and forfeitures are recovered.

any person, or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) "

Date of Birth. January 13/95

Place of Birth, (Street and Number) 331 Eastern Ave.

Full Name of Mother, Marie Oberländer

Mother's Maiden Name, Bauer

Mother's Birthplace, Baltimore

Full Name of Father, Solm Oberländer

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 61 Penna. Ave.

Remarks,

RETURN OF A BIRTH

76819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 15th Jan - 1885

4. Place of Birth, (Street and Number) 377 Eastern Ave

5. Full Name of Mother, Magaretha Schroeder

6. Mother's Maiden Name, " Sackman

7. Mother's Birthplace, Balt-

8. Full Name of Father, Henry Sackman

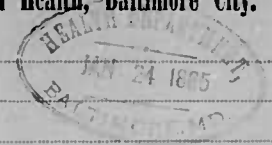
9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, 55 S. Bond St

Remarks,



of persons and places for each address to be recovered as other files and for entries are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 15 - 1875

4. Place of Birth, (Street and Number) 364 Mulberry St -

5. Full Name of Mother, Mrs. Agnes Kirby

6. Mother's Maiden Name, " Brundage

7. Mother's Birthplace, Conn

8. Full Name of Father, Walter Kirby

9. Father's Occupation, Plumber

10. Father's Birthplace, Dist. Washington

Name of Medical Attendant, or other Person who makes this Return, A. E. Rice M.D.

Address, 23 Edmondson Ave

Remarks,

For each office to be recorded as other files and certificates are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) ... *Female*

Race or Color, (if not of the white race) ... *Negro*

Date of Birth, ... *Jan 15th / 85*

Place of Birth, (Street and Number) ... *1 Cedar Lane*

Full Name of Mother, ... *Annie Dolmen*

Mother's Maiden Name, ... *Annie Blackston*

Mother's Birthplace, ... *Annapolis MD*

Full Name of Father, ... *Sam W. Dolmen*

Father's Occupation, ... *Cookman*

Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return ... *Henry Hattner*

Address, ... *31 Government Street*

Remarks, ...

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan 16th 85

4. Place of Birth, (Street and Number) 29 Castle St

5. Full Name of Mother, Henrietta Westerman

6. Mother's Maiden Name, King

7. Mother's Birthplace, Balt

8. Full Name of Father, John Westerman

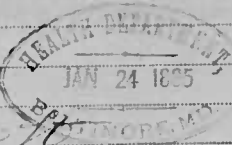
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Goetzke

Address, 55 E Bond St

Remarks,



for each affixed to be recovered as other fees and for returns are recoverable.

RETURN OF A BIRTH ⁷⁶⁸²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 16th 1895*

4. Place of Birth, (Street and Number) *1448 Springton St*

5. Full Name of Mother, *Sallie E Jackson*

6. Mother's Maiden Name, *" " Regan*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Aspid W Jackson*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Pa*

Name of Medical Attendant, or other Person who makes this Return, *Wm. C. Cook M.D.*

Address, *146 Hancock*

Remarks,

of person who made return, or of other person who makes this Return, and for each of them to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16, 1893

4. Place of Birth, (Street and Number) 1510 S. Charles St.

5. Full Name of Mother, Annie Welsh

6. Mother's Maiden Name, Kane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Welsh

9. Father's Occupation, Dog Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, W. H. Coker, M.D.

Address, 146 Kenilworth Ave.

Remarks,

or persons who make this Return, all signatures and for entries are recoverable, for each office to be recovered as other data and for entries are recoverable.

RETURN OF A BIRTH ⁷⁶⁸²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W. JAN 27 1885

3. Date of Birth, Jan. 16th 85

4. Place of Birth, (Street and Number) #173 Columbia Ave

5. Full Name of Mother, Charlotte Bidicker

6. Mother's Maiden Name, Brett Schneider

7. Mother's Birthplace, Prussia

8. Full Name of Father, Fred. Bidicker

9. Father's Occupation, Tray driver

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Mary Koch

Address, #328 S. Eutaw St.

Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this act, shall be liable for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

76826

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Color*

3. Date of Birth *January 17th 1885*

4. Place of Birth (Street and Number) *Cross St. No. 101 Baltimore*

5. Full Name of Mother *Sarah A. Caldwell Tyler*

6. Mother's Maiden Name *Sarah A. Caldwell*

7. Mother's Birthplace *Centerville, Maryland*

8. Full Name of Father *Douglas D. Tyler*

9. Father's Occupation *Driver at No. 107 Franklin St.*

Father's Birthplace *Orange Co. Va.*

Name of Medical Attendant, or other Person who makes this Return. *John D. Castor*

Address *John D. Castor No. 14 Howard Street*

Remarks

176827

ore City.

2

Male

26

18th + 83

Locust Point

Matilda Hackler

Linstrom

Denmark

Oscar Linström Backler

Mariner

Denmark

or other Person who makes this Return.

Mr. Goethe

Remarks,

OF persons who shall hereafter fail to comply with the provisions of this act, and for each offence to be recovered as other fines and for cultures recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Of persons who shall surrender the return, with the original, for each offense to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 18th 1895*

4. Place of Birth, (Street and Number) *1000 Parkersburg*

5. Full Name of Mother, *Maria Bayles*

6. Mother's Maiden Name, *Schulz*

7. Mother's Birthplace, *England*

8. Full Name of Father, *John Bayles*

9. Father's Occupation, *House Painter*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. H. H. H.*

Address, *116 Hanover St.*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH 76830

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Male 4

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan 18 1885

Place of Birth, (Street and Number)

82 S Fremont St

Full Name of Mother.

Laura V Hooper

Mother's Maiden Name.

L V Arnold

Mother's Birthplace.

Balto Md

Full Name of Father.

Geo B Hooper

Father's Occupation.

Car builder

Father's Birthplace.

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D.

Address,

128 Columbia Avenue

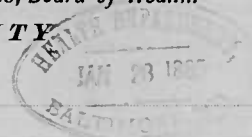
Remarks,

RETURN OF A BIRTH.

76831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



1. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 15 Jan. 1885

4. Place of Birth (Street and Number) 19 E. Chester St.

5. Full Name of Mother Mrs. Annie Garrett

6. Mother's Maiden Name Annie Black

7. Mother's Birthplace Balt.

8. Full Name of Father John Garrett

9. Father's Occupation

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return.

D. F. Leonard M.D.

Address

34 E. Balt. St.

Remarks

of the parents, and the maiden name of the mother of each child in descending

76832

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Female

17

Jan 19th 55

No 27 Lancaster St

Kate Hauer

Walrich

Ball

Galen Sauer

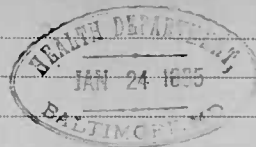
Driver

Ball

Mrs Goetzke

05-1/ Bond St

Remarks,



for persons who shall... all
for each offence to be recovered an other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

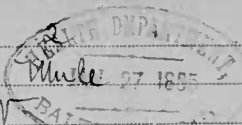
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Jan 19th 85

119 Fremont Ch.

Magdalena Scholtz
Ulrich

Baltimore

Edmund Scholtz

House maker

Baltimore

Mary Kral

328 J. Lutter N.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Birth Twins.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 19th 1886*

4. Place of Birth, (Street and Number) *290 N. Tricker St.*

5. Full Name of Mother, *Indiana B. Bryant.*

6. Mother's Maiden Name, *Indiana B. Eggleston*

7. Mother's Birthplace, *Richmond Va.*

8. Full Name of Father, *Wm. S. Bryant.*

9. Father's Occupation, *Clerk.*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return *John Cunningham, M.D.*

Address, *134 N. Carrollton Ave.*

Remarks,

within the period above specified, except in the cases of live births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 19th 1885

4. Place of Birth, (Street and Number) 204 Columbia St

5. Full Name of Mother, Mary E Schwartz

6. Mother's Maiden Name, Mary E Snell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Anthony A. Schwartz

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppleton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

76836

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th



1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 20. 1884

4. Place of Birth (Street and Number)

333 Saratoga St

5. Full Name of Mother

Pauline

6. Mother's Maiden Name

Baer

7. Mother's Birthplace

8. Full Name of Father

Samuel Cohn Germany

9. Father's Occupation

taylor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Pittorawick

Address

258 Madison Ave N.Y.C.

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

76837

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ... male

2. Race or Color, (if not of the white race) ... color

3. Date of Birth, ... 20 January

4. Place of Birth, (Street and Number) ... 2nd St &

5. Full Name of Mother, ... Francis Stenard

6. Mother's Maiden Name, ... ~~Francis~~

7. Mother's Birthplace, ... Baltimore

8. Full Name of Father, ... Char Stenard

9. Father's Occupation, ... printer

10. Father's Birthplace, ... Chertown

Name of Medical Attendant, or other Person who makes this Return. ... Dr Wm 25 Cube St

Address, ... No 3

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

January 30th 1885.

As 326 Monument St.

Martha J. Foster.

Burton.

Baltimore

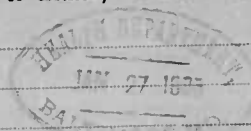
Joseph M. Foster.

Brass Finisher.

Baltimore.

J. Ridgway Andre' M.D.

As 121 E. Baito. Street.



Persons who fail to comply with the provisions of this section, shall be subjected to the same penalties as are provided for in the Act of the General Assembly of 1882, relating to the registration of births and deaths, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

76839

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 20 1885

4. Place of Birth (Street and Number)

57 Walker St

5. Full Name of Mother

Lena Walker

6. Mother's Maiden Name

Lena Swimmer

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Charles Walker

9. Father's Occupation

Brass finisher

10. Father's Birthplace

Washington D.C

● Name of Medical Attendant, or other Person who makes this Return.

Catherine Riley

Address

57 Walker St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seant*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *20*

4. Place of Birth, (Street and Number) *45 Schureck Baltimore Md*

5. Full Name of Mother, *Rebecca Gipsan*

6. Mother's Maiden Name, *Rebecca Bankart*

7. Mother's Birthplace, *Dorchester Co*

8. Full Name of Father, *Isaac Gipsan*

9. Father's Occupation, *Laborer*

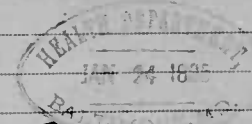
10. Father's Birthplace, *Baltimore Anne Dixon*

Name of Medical Attendant, or other Person who makes this Return.

Address, *52 Schureck*

Remarks, *none*

Report its birth to the Commissioner of Health, in the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 20th 85*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Hattie Miller*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Mo*

8. Full Name of Father, *_____*

9. Father's Occupation, *_____*

10. Father's Birthplace, *_____*

Name of Medical Attendant, or other Person who makes this Return.

D. R. Nordmann M. D.

Address, *_____*

Remarks, *_____*

or persons who shall hereafter fail to comply with the provisions of this act, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color: (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother.*

G. Mother's Maiden Name.

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant,

James E. Whitford M.D.

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) No.
2. Race or Color, (if not of the white race) C
3. Date of Birth, Jan 20 1885
4. Place of Birth, (Street and Number) 174 Orchard St
5. Full Name of Mother, Mary Andrews
6. Mother's Maiden Name, Anderson
7. Mother's Birthplace, N.Y.
8. Full Name of Father, Charles Andrews
9. Father's Occupation, Barber
10. Father's Birthplace, ?
Name of Medical Attendant, or other Person who makes this Return D.K. Winston
Address, 201 W. Biddle St
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

● Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

January 27th

144 Myrtle Ave

Ethel

Ehrlich

Baltimore

Edney

Baer

Bookkeeper

Germany

Petermann

258 Madison Ave

RETURN OF A BIRTH 7/82/6

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

Jan 21st 1885

4 Columbia Ave

Laura Waite

Laura Ross

Balto Md

Wm W Waite

Cigar Maker

Balto Md

Geo R Graham M.D.

138 Columbia Avenue

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 21
4. Place of Birth, (Street and Number) 38 Carlton St.
5. Full Name of Mother, Fannie Lomitte
6. Mother's Maiden Name, Fanny Hudson
7. Mother's Birthplace, Calvert Co MD
8. Full Name of Father, Louis Morilla
9. Father's Occupation, Hackman
10. Father's Birthplace, Kent Co
Name of Medical Attendant, or other Person who makes this Return Mr. Miller Blake
Address, No 53 Carlton St.
Remarks, Healthy

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 21st Jan. 1885

4. Place of Birth, (Street and Number) #6 Callender Aly.

5. Full Name of Mother, Anne Cathern Spittel.

6. Mother's Maiden Name, Anne Cathern Keil.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry Adam Spittel.

9. Father's Occupation, Mechanic.

10. Father's Birthplace, Baltimore Md.

11. Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppleton St

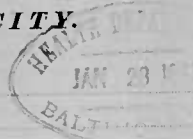
Remarks,

report of a birth shall hereafter fall to comply with the provisions of this section, and the person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

76249

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 21st Jan'y 1885.

4. Place of Birth (Street and Number) 14 N. Eden St.

5. Full Name of Mother Emily Leutz

6. Mother's Maiden Name

7. Mother's Birthplace City

8. Full Name of Father J. Leutz

9. Father's Occupation Wagoner

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

B. F. Leonard M.D.
314 E. Baltimore St.

RETURN OF A BIRTH

76830

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 22nd - 1885

4. Place of Birth, (Street and Number)

35 South Calham. st

5. Full Name of Mother,

Susie B. Liams

6. Mother's Maiden Name,

Henneman

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Wm Thomas Liams

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

C. W. Free M.D.

Address, 192 N. Carey st.

Remarks,



Missing 76851 + 76852

7/853

Board of Health, Baltimore
Balt. Jan 24th 1889.

55

- HEALTH
JAN 25 1967
FBI

Mr. Mary Amund

South Wolfe St.

c/1

parents, the date and place of birth, and the sex of the child, and the date and place of birth of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on a Sunday or a legal holiday, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately in the manner and within the period prescribed in this section, shall report to birth to the Commissioner of Health, in the manner and within the period prescribed in this section, the date and place of birth of the child, and any such person who fails to comply with the provisions of this section, shall be subject to the penalties provided in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

[illegible]

RETURN OF A BIRTH

76856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Joseph Keaton Nossel*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 22nd 1885

4. Place of Birth, (Street and Number)

#167 Burgundy Ave

5. Full Name of Mother,

Mary (Russell) Nossel

6. Mother's Maiden Name,

(Rashey) Rasche

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernard Russell

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

over Name of Medical Attendant, or other Person who makes this Return,

Mary Koch

Address,

328 S. Eutam St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 7 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 22 of January 1885

4. Place of Birth, (Street and Number)

No 2 Forest Place

5. Full Name of Mother,

Catherine Leland

6. Mother's Maiden Name,

Catherine Timothy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Andrew Thomas Leland

9. Father's Occupation,

Stonecutter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Lauer

Address,

No 173 Clapford Ave

Remarks,

Baltimore Md

1885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

C. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

1885

Parents, the doctor, and the physician or practitioner of the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the Office of the Commissioner of Health, the parents or the person or persons who shall be present at the birth of such child, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 6 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 22d of January

4. Place of Birth, (Street and Number)

No 12 Little Cove

5. Full Name of Mother,

Louisa Birmingham

6. Mother's Maiden Name,

Louisa Jeffers

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Andrew Birmingham

9. Father's Occupation,

Broommaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Miss Ch. Lauer

Address,

No 173 Maryland Ave

Remarks,

Baltimore Md.

1884

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of any child or children.

RETURN OF A BIRTH, 76860

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6d.

1. Sex (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White race.

3. Date of Birth

Jan. 22/05

4. Place of Birth, (Street and Number)

No 242 Light St.

5. Full Name of Mother

C. Wislone Harrison

6. Mother's Maiden Name

Header

7. Mother's Birthplace

Balta. Md.

8. Full Name of Father

John. William

9. Father's Occupation

Lab. or. Man.

10. Father's Birthplace

Balta. Md.

Name of Medical Attendant, or other Person who makes this Return.

Minnie Green

Address

634. Light St.

Remarks

certification between the first and third day of each and every month in any town, city or village, or about an other person, be in attendance upon the midwife, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷⁶⁸⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 4 of January 1885.
4. Place of Birth, (Street and Number) 12.158 Lenmon St. Baltimore, Md.
5. Full Name of Mother, Anna Maria Pfleger Heckmann
6. Mother's Maiden Name, geborene Pfleger
7. Mother's Birthplace, Germania
8. Full Name of Father, George Heckmann.
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Germania.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Dumber
- Address, 20 North Schuler St.
- Remarks, _____

certificate between the first and third day of each and every month in the case of the birth of any child shall occur without the attendance of a Physician or person duly qualified to attend the birth of children, or without the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period there required, and any such parent or persons who shall be so negligent or derelict in the performance of their duty, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First

Female

White

January 7th

258 Franklin Str

Catherine Mary Elizabeth

Carstens

Baltimore

Ferdinand William Erick Feldhaus

Salesman

Baltimore

Mrs. Dumbler

cc Schroeder Str

RETURN OF A BIRTH ⁷⁶⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, first of January

4. Place of Birth, (Street and Number) 217 Pierre St.

5. Full Name of Mother, Henriette Herzog

6. Mother's Maiden Name, " Friedlein

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Friedrich Herzog

9. Father's Occupation, Porter

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return, Mrs. Dumber

Address, 60 North Schroeder St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan. 11th 185-

4. Place of Birth, (Street and Number)

337 Hoffman street

5. Full Name of Mother,

Adele Smith

6. Mother's Maiden Name,

Adele Jones

7. Mother's Birthplace,

Wentworth, Mo. Va

8. Full Name of Father,

1 Daniel Smith

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Washington, Mo. Va

Name of Medical Attendant, or other Person who makes this Return

Hester Botence

Address,

38 Gentleman street

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a qualified person, or of a midwife, or of a nurse, or of a person who is duly qualified by law, and who shall then become the subject of a criminal prosecution, and shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, or both, at the discretion of the court. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of not more than \$100, and to imprisonment for not more than 30 days, or both, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The fifth child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *The 15th of January*
4. Place of Birth, (Street and Number) *No 11 Dawson Alley*
5. Full Name of Mother, *Carolina Wilhelmina Veltten*
6. Mother's Maiden Name, *Carolina Wilhelmina Lenz*
7. Mother's Birthplace, *Baltimore Maryland*
8. Full Name of Father, *John Henry Veltten*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Bleichenbach Grossherzogthum Hessen*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Dumbler*
- Address, *No 60 North Schroeder Street.*
- Remarks,

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person attending the birth, and any such person report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of the law or parent of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person so attending to report its birth to the Commissioner of Health, in the manner and form provided above required, and any such person or persons who shall be guilty of neglecting to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W-

3. Date of Birth

Jan 15 1885

4. Place of Birth, (Street and Number)

536 W. Pratt

5. Full Name of Mother, -

Mrs. Jane Flynn

6. Mother's Maiden Name, -

Conner

7. Mother's Birthplace,

Scotland

8. Full Name of Father, -

John Flynn

9. Father's Occupation, -

Machinist

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return.

L. L. Batting M.D.

Address,

467 W. Fayette St

Remarks,

L. J. Pa

birth of any child shall occur without the attendance of a physician or practitioner of medicine, or nurse, or other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, within the time specified in this section, and if such person or persons fail to do so, they shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18 January*

4. Place of Birth, (Street and Number) *2 Park St.*

5. Full Name of Mother, *Wilhelmine Markau*

6. Mother's Maiden Name, *Tharau*

7. Mother's Birthplace, *Garde Westpreussen*

8. Full Name of Father, *Wilhelm Markau*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Deutsch Eylau*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. J. Schinken*

Address, *434 Lancaster St.*

Remarks,

RETURN OF A BIRTH. ⁷⁸⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan. 18th 1885

4. Place of Birth, (Street and Number) 522 Canton Ave

5. Full Name of Mother, Anna Krug

6. Mother's Maiden Name, Gast

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Krug

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Wiley

Address No 12 Patterson Park av

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or a nurse, or a person who is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the regulations of the Board of Health, and for each offense to be recorded as other fines and forfeitures are recoverable.

should not, after person is, in at, unless upon the mother, immediately thereafter, it shall then become the duty of the parent or person who has caused the birth of the child to report its birth to the Board of Health, in the manner, and within the period herein required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or each offense to be recovered as other laws and regulations.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 18th 186

4. Place of Birth, (Street and Number)

3 Little Pine street

5. Full Name of Mother,

Mary Barrow

6. Mother's Maiden Name,

7. Mother's Birthplace,

St Marys No. Va.

8. Full Name of Father,

Harry Baran

9. Father's Occupation,

Teacher

10. Father's Birthplace,

New York

Name of Medical Attendant; or other Person who makes this Return

Hester Holman

Address,

39 Little Monument St

Remarks,

any child born in Baltimore, Maryland, who is born in attendance upon the mother, immediately thereafter it shall become the duty of the person so present at such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both, at the discretion of the Court, and any such person who is convicted of such offense shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both, at the discretion of the Court, and any such person who is convicted of such offense shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both, at the discretion of the Court.

RETURN OF A BIRTH

76870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 18th 1888

4. Place of Birth, (Street and Number) 153 Chickadee St

5. Full Name of Mother, Mrs Mary Hanson

6. Mother's Maiden Name, Miss Mary Hook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nelson Hanson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs R. A. Garrett

Address, No 65 Burke St

Remarks, _____

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or without the attendance of a midwife, or without the attendance of a nurse, or without the attendance of a person who shall be duly qualified in the manner and within the period above required, and any such person or persons who shall be so guilty shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1* *AD*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 19.*
4. Place of Birth, (Street and Number) *612 W. Fayette St.*
5. Full Name of Mother, *Louise Heiderberg*
6. Mother's Maiden Name, *Louise Heider*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Ernst H. F. W. Wehrenberg*
9. Father's Occupation, *Boatmaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Dunmiller*
- Address, *20 North Calverton St.*
- Remarks,

be liable for each child born, unless the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect hereinafter provided, and if such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each child born, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

76872
Female
White
January 17, 1883
Care of near 1111 St.
Mrs Mary Conner
Miss Maria Schoenhoff
Baltimore
John Conner
Laborer
Baltimore
Mrs P. A. Garrett
No 65 Burke St

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
reject its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 20th 1893

4. Place of Birth, (Street and Number)

55 Luzerne St

5. Full Name of Mother,

Mrs Florence Bradford

6. Mother's Maiden Name,

Florence Grey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Bradford

9. Father's Occupation,

Fireman on boat

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs P. A. Garrett

Address,

10 65 Burke St

Remarks,

In attendance upon the mother, immediately thereafter, is shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 Child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 21st 1885

4. Place of Birth, (Street and Number)

48 Canton av

5. Full Name of Mother,

Mary Zimmerman

6. Mother's Maiden Name,

Neller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Zimmerman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Miss Wiley

Address,

No 12 Patterson Park av

Remarks,

has an attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 22nd 1885

4. Place of Birth, (Street and Number)

343 Canton Avenue

5. Full Name of Mother,

Mrs Mary Barrett

6. Mother's Maiden Name,

Maunt Glynn

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Barthley Barrett

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Garrett

Address,

No 65 Burke

Remarks,

in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 76876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Jan 25 1895

4. Place of Birth, (Street and Number) #135 Wadsworth Alley

5. Full Name of Mother, Annie John Kaine

6. Mother's Maiden Name, Annie Foley

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Kaine

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, Elizabeth Tracy, or other Person who makes this Return.

Address, #198 Chestnut St.

Remarks,

RETURN OF A BIRTH 7-877

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25th 1885

4. Place of Birth, (Street and Number) No 31 Heath st

5. Full Name of Mother, Catharine Wengert

6. Mother's Maiden Name, Catharine Blumlein

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Wengert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catharine Homing

Address, No 18 Lynd st.

Remarks,



RETURN OF A BIRTH

76878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Jan. 23rd/88 3 Am.

104 Lee St

Mary Dorsey

" Hunter

Ind

Lloyd Dorsey

Telegraph Operator

Ind

A. V. Goshen Ind.

88 E. Baltimore St

Instrumental

RETURN OF A BIRTH

7-879

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *January 23rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Friday 23*
4. Place of Birth, (Street and Number) *Win. Gen. aly*
5. Full Name of Mother, *Elyer*
6. Mother's Maiden Name, *None*
7. Mother's Birthplace, *Easton, Md.*
8. Full Name of Father, *James S. Clark*
9. Father's Occupation, *Black Maker*
10. Father's Birthplace, *Easton, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Miss St. Caroline Anderson*
- Address, *26 Win. Gen. aly*
- Remarks, *No Rem.*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to be imprisoned in the city jail for a period not exceeding thirty days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female)

Female

2. Race or Color; (if not of the white race)

Black

3. Date of Birth,

Jan'y 23rd / 88

4. Place of Birth, (Street and Number)

217 Vincent St

5. Full Name of Mother,

Mania Davis

6. Mother's Maiden Name,

Mc Washington

7. Mother's Birthplace,

va

8. Full Name of Father,

Lewis Davis

9. Father's Occupation,

Servant

10. Father's Birthplace,

va

Name of Medical Attendant, or other Person who makes this Return

J. M. Hundley

Address,

22 Edmondson Ave

Remarks,

RETURN OF A BIRTH

76881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . 4th

1. Sex, (state whether male or female) *Female* - *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd - January - 1885*

4. Place of Birth, (Street and Number) *283 Lexington St.*

5. Full Name of Mother, *Mary Eugene - formerly Mrs. Mary Johnson*

6. Mother's Maiden Name, *Mary Bond*

7. Mother's Birthplace, *St. Mary's County, Md.*

8. Full Name of Father, *Samuel Eugene*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *N. W. Little*

Address, *1 E. Cor. Fayette & Fremont Sts.*

Remarks,

For each offence to be recovered as other dues and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Jan 23rd 85.*

4. Place of Birth, (Street and Number) *546 S. Charles St.*

5. Full Name of Mother, *Kate Phillips*

6. Mother's Maiden Name, *Lutz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Phillips*

9. Father's Occupation, *Trimmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Knob*

Address, *432 S. Eutan St.*

Remarks,

Report to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

1st Child

Little Boy

White Race

23rd of January 1885

Barren Lane No. 11 Baltimore

Max Gender

Miss Smith

Born Leibzig Germany

Mr Lewis Gender

Brick Layer

Born Leibzig Germany

Mr Nellie

1017 West Pratt St City

RETURN OF A BIRTH ⁷⁶⁸⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Little Girl*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *23rd of January 1885*
4. Place of Birth, (Street and Number) *Frederick St No 214*
5. Full Name of Mother, *Mrs Gehert*
6. Mother's Maiden Name, *Miss Emma Kullig*
7. Mother's Birthplace, *Born West Prus Germany*
8. Full Name of Father, *Mr Julius Gehert*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Born Sax Germany*
- Name of Medical Attendant, or other Person who makes this Return, *1017 West Pratt St*
- Address, *Mrs Keller*
- Remarks,

Report to the Registrar of Health, in the manner and within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *January 23*
4. Place of Birth, (Street and Number) *21 Forest Street*
5. Full Name of Mother, *Samella Benson*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Anne Arundel County*
8. Full Name of Father, *Abraham Taylor*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *country*
- Name of Medical Attendant, or other Person who makes this Return *Durka Thomas*
- Address, *148 Chestnut Street*
- Remarks, _____

shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 76887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Jan 29

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 23

4. Place of Birth, (Street and Number) No 5 Walker Court

5. Full Name of Mother, Sarah Johnson

6. Mother's Maiden Name, Bond

7. Mother's Birthplace, Bal Md

8. Full Name of Father, John H Johnson

9. Father's Occupation, U. S. Series

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return midwife Mary G Dennis

Address, No 2 Newell Alley Balt

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Feb 29

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female)

female

2. Race or Color, (if not of the white race)

black

3. Date of Birth,

Jan Feb 23

4. Place of Birth, (Street and Number)

No 1 Labbut Court

5. Full Name of Mother.

Mamely Woods

6. Mother's Maiden Name,

" Lane

7. Mother's Birthplace,

Balt city

8. Full Name of Father,

Samuel Woods

9. Father's Occupation,

labour

10. Father's Birthplace.

Balt city

☒ Name of Medical Attendant, or other Person who makes this Return

mid wife Mary S Dennis

Address,

No 2 Beach Hwy

Remarks,

out of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) _____

Female

2. Race or Color, (if not of the white race) _____

Colored

3. Date of Birth, _____

Jan 24th 1885

4. Place of Birth, (Street and Number) _____

154 Hoffman st

5. Full Name of Mother, _____

Katie Brooks

6. Mother's Maiden Name, _____

Katie Brown

7. Mother's Birthplace, _____

St Mary County Md

8. Full Name of Father, _____

Alfred Brooks

9. Father's Occupation, _____

Writer

10. Father's Birthplace, _____

Eastern Shore Md

Name of Medical Attendant, _____ or other Person who makes this Return

Hester Nolence

Address, _____

87 Monument street

Remarks, _____

report in birth to the Commissioner of Health, in the manner and within the period above required, and say such person
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4. Th.

Male

White

Jan. 24 1885

No 32 Knox Alley

Annie Meyer

" Cording

Oldenburg Ger.

Chr. Didrich Meyer

Box maker

Oldenburg, Ger.

Susan Hunter

21 No Poppleton St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second
Baby
White

January 24th 1885

1114 N. Gilman St.

Mary Ella Emeric

" " Lindenman

City
David S. Emeric

Broker

City
Wm. H. B. Sellman M.D.

No. 46 West Biddle Street

any person who shall fail to comply with the provisions of this section, and who shall be subject to a fine of ten dollars for each offense, to be recovered in other files and penalties are recoverable.

report the birth to the Commissioners of Health, in the manner and within the period above required, and pay such person
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 6 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 24th 1885*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Annie George*

6. Mother's Maiden Name, *Schoenaker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Paul George*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Prussian*

Name of Medical Attendant, *Mrs Wiley*
or other Person who makes this Return.

Address, *No 12 Patterson Park av*

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24th of January*

4. Place of Birth, (Street and Number) *64 Burke St.*

5. Full Name of Mother, *Anna Coffey*

6. Mother's Maiden Name, *Wahr*

7. Mother's Birthplace, *Schuckken Westpreussen*

8. Full Name of Father, *Paul Coffey*

9. Father's Occupation, *Scheln*

10. Father's Birthplace, *Schuckken Westpreussen*

Name of Medical Attendant, or other Person who makes this Return, *Mrs J. Behnken*

Address, *434 Lancaster St*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any new-born child or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seven*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

24th of January

4. Place of Birth, (Street and Number)

105 East Fayette st.

5. Full Name of Mother,

Margret Howard

6. Mother's Maiden Name,

Ward

7. Mother's Birthplace,

England

8. Full Name of Father,

John T. Howard

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Wm. B. B. Johnson

Address,

1628 N. Charles St. Baltimore Md.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5.

1. Sex, (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

White,

3. Date of Birth

24th of January,

4. Place of Birth, (Street and Number)

165 South Chester street,

5. Full Name of Mother,

Virginia Francis Vedeine,

6. Mother's Maiden Name,

Virginia Francis Hayden,

7. Mother's Birthplace,

Baltimore,

8. Full Name of Father,

John Vedeine,

9. Father's Occupation,

Captain,

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Miss E. Gray,

Address,

193 South Chester st.

Remarks,

Health of Child,

Report as true in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 25-85

4. Place of Birth (Street and Number)

1132 N. Eimor

5. Full Name of Mother

Jennie Elizabeth Lurdelle

6. Mother's Maiden Name

Jennie Elizabeth Fruchstberger

7. Mother's Birthplace

Balto.

8. Full Name of Father

John B. Lurdelle

9. Father's Occupation

Book agent.

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Irving Miller M.D.

Address

179 East Monument St.

Remarks

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

"
January 25/95
4 Paul St.

Rosa West
Haber

Germany

John West

Libner

Baltimore

Mrs. L. Kniff

61 Perma Ave

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

76898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 25 of January 1885

4. Place of Birth, (Street and Number)

No. 540 Maryland Ave.

5. Full Name of Mother,

Laura V. Brooks

6. Mother's Maiden Name,

Laura V. England

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Walter C. Brooks

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ch. Lauer

Address,

No. 173 Maryland Ave.

Remarks,

Baltimore Md.

1885

RETURN OF A BIRTH,

76899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July 25 86

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Estella Gardner

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

ny

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return.

J. R. Nordman M.D.

Address,

Maternity

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, all be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *January 25 - 85*

4. Place of Birth, (Street and Number) *Maternite*

5. Full Name of Mother, *Rebecca Jones*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Penn.*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return. *P. R. Nordman M.D.*

Address, *Maternite*

Remarks, *—*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Jan. 14, 1885

4. Place of Birth, (Street and Number) # 11 Clarett Alley

5. Full Name of Mother, Mary Gertrude Robinson

6. Mother's Maiden Name, Mary Gertrude Chase

7. Mother's Birthplace, Calvert County

8. Full Name of Father, George Robinson

9. Father's Occupation, Dryden Shucker

10. Father's Birthplace, Balto., Md.

Name of Medical Attendant, or other Person who makes this Return, Abilla Brock

Address, 210 Warner St. Between Green & West St.

Remarks, Doing Well

Persons who shall knowingly fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 76902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 1st.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth.

Jan 24. 1886

4. Place of Birth, (Street and Number)

360 N. Dear Lam St.

5. Full Name of Mother.

Anna O'Hilly Kewer

6. Mother's Maiden Name.

" " Copenstein

7. Mother's Birthplace.

Balt. Md.

8. Full Name of Father.

Wm H. A. Kewer,

9. Father's Occupation.

Isaac comit

10. Father's Birthplace.

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

G. G. Kersh M. D.

Address.

24th & Wash. Sts

Remarks.

Natural

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25 of January*

4. Place of Birth, (Street and Number) *415 Little, Alice Ann St*

5. Full Name of Mother, *Anna Löffler*

6. Mother's Maiden Name, *= Schivelain*

7. Mother's Birthplace, *Krugsstein Bavaria*

8. Full Name of Father, *Andreas Löffler*

9. Father's Occupation, *Schuh Macher*

10. Father's Birthplace, *Laam Bavaria*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Behnken*

Address, *484 Lancaster Street*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each address to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fill in comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 24

4. Place of Birth, (Street and Number)

West St 143

5. Full Name of Mother,

Eda Hopkins

6. Mother's Maiden Name,

Eda Blackson

7. Mother's Birthplace,

Stiles St

8. Full Name of Father,

George Blackson

9. Father's Occupation,

coachman

10. Father's Birthplace,

Pratt St

Name of Medical Attendant, or other Person who makes this Return.

none but Mrs Camper

Address,

155 West St between Charles and Dover

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

1st

female
white

Jan'y 25-

129 E Monument

Joanna Walker

Joanna Coughley

Balt

Joshua Walker

Collector

Balt

Daniel V Meyer (M.D.)

192 Airquith St

City

within the period above required, except in the cases of the births and deaths of illegitimate children, and
and a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

January 25, 1881

4. Place of Birth, (Street and Number)

1744 Lytle St. City

5. Full Name of Mother,

Mrs. Cook

6. Mother's Maiden Name,

Mrs. Jones

7. Mother's Birthplace,

Stamford Co. Va.

8. Full Name of Father,

Wm. Cook

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Calvert Co.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. Wilson

Address,

254 Lytle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Male

JAN 29 1885

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 25 1885

4. Place of Birth, (Street and Number)

South Alley No 21

5. Full Name of Mother,

Julia Gillis

6. Mother's Maiden Name,

Rebecca Green

7. Mother's Birthplace,

Calvert Co

8. Full Name of Father,

Guillermo Gillis

9. Father's Occupation,

laborer

10. Father's Birthplace,

Calvert Co

Name of Medical Attendant, or other Person who makes this Return

Dr. Jane Milner

Address,

211 North 1st St

Remarks,

When this report is required, except in the cases of the births and deaths of illegitimate children, and any other cases in which the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *25th January*
4. Place of Birth, (Street and Number) *No. 7 Mallies St*
5. Full Name of Mother, *Eva Katherine Benter*
6. Mother's Maiden Name, " " *Schellenschlager*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Theodore Paul Benter*
9. Father's Occupation, *Glass Blower*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Aurilio George*
- Address, *221 N. 3rd St*
- Remarks,

RETURN OF A BIRTH ⁷⁶⁹⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 25 1885

4. Place of Birth, (Street and Number) 213 Harrison St

5. Full Name of Mother, Mrs. E. Smith

6. Mother's Maiden Name, Anna E. Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James E. Smith

9. Father's Occupation, Mariner

10. Father's Birthplace, Yarmouth Nova Scotia

Name of Medical Attendant, or other Person who makes this Return, Mary Connor 171

Address, Paterson St Baltimore

Remarks,

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
Jan 26th 85
20 Sterrett St
Barbara Bichy
Udman

Baden
Galfrida Bichy
Box maker
Wittenburg Prussia
Mary Koch
328 f. Entwistle

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) C
3. Date of Birth, Jan 26th 1885
4. Place of Birth, (Street and Number) 224 Pres St
5. Full Name of Mother, Emma Lins
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Buck
8. Full Name of Father, Jim Bias
9. Father's Occupation, Laborer
10. Father's Birthplace, Phila
Name of Medical Attendant, or other Person who makes this Return Dr. R. Winslow
Address, 201 W. Biddle St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 26. 1885.*

4. Place of Birth, (Street and Number) *No. 94 S. High St.*

5. Full Name of Mother, *Josephine D. Schmuiff*

6. Mother's Maiden Name, *Worlein*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Schmuiff*

9. Father's Occupation, *Lafer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sophia Siemon.*

Address, *No. 10 Cranby St.*

Remarks.

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 26th 1885*

4. Place of Birth, (Street and Number) *415 Port St*

5. Full Name of Mother, *Alice Cook*

6. Mother's Maiden Name, *Laurance*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Cook*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*

Address, *No 12 Patterson Park av*

Remarks,

for each offence to be returned as other fees and forfeitures are recoverable.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 26th

4. Place of Birth, (Street and Number) 20 Wall St.

5. Full Name of Mother, Annis Gallagher

6. Mother's Maiden Name, Eschhardt

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Gallagher

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return John Clark

Address, _____

Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 26th*

4. Place of Birth, (Street and Number) *72 East Ch*

5. Full Name of Mother, *Dora Roberts*

6. Mother's Maiden Name, *Dora Clark*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Peter Roberts*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mr. Clark*

Address,

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

9th Jan 1897

4. Place of Birth, (Street and Number)

Shreveport La

5. Full Name of Mother,

M. E. Winder

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Winder

9. Father's Occupation,

Dr

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

Dr. J. B. Latham

Address,

No 28. N. W. 1st St. Baltimore Md.

Remarks,

See each offence to be recovered as other laws and regulations are recoverable.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 21st 1885

4. Place of Birth, (Street and Number)

385 Eastern - av

5. Full Name of Mother,

Sizzie Myers

6. Mother's Maiden Name,

Netter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Myers

9. Father's Occupation,

Watchman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Max Wiley

Address,

No 12 Patterson Park - av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27th of January 1885*

4. Place of Birth, (Street and Number) *268 E. Urban Street*

5. Full Name of Mother, *Mary Maize*

6. Mother's Maiden Name, *Mary Thibick*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Thibick*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Lucretia Kunkel*

Address, *11 North Chapel Street per Lucretia Kunkel*

Remarks, *Health Delicate*

RETURN OF A BIRTH. ⁷⁶⁹¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{1st} 3^d

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balto Jan 27th 1885*

4. Place of Birth, (Street and Number) *218 Bank St.*

5. Full Name of Mother, *Viray Furb.*

6. Mother's Maiden Name, *Mary Nagel*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Charles Furb.*

9. Father's Occupation, *Captain*

10. Father's Birthplace, *America*

Name of Medical Attendant, ^{or other Person who makes this Return.} *Mrs Mary Amord*

Address, *137 South Wolfe St*

Remarks, *H6*

This form is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be kept on file in the Office of the Registrar of Vital Statistics, Baltimore City, for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁶⁹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 16th

4. Place of Birth, (Street and Number) Sec 5 Char St

5. Full Name of Mother, Ellen Pinder-gast

6. Mother's Maiden Name, " Kelly

7. Mother's Birthplace, Cathey

8. Full Name of Father, Wm Pinder-gast

9. Father's Occupation, Saloonkeeper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, L. B. Smith M.D.

Address, 151 Haver St

Remarks,

For each return to be received as other files and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 17th

4. Place of Birth, (Street and Number) 130 E. Green

5. Full Name of Mother, Mary E. Zainew

6. Mother's Maiden Name, " " Gorbach

7. Mother's Birthplace, City

8. Full Name of Father, Ed Zainew

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Dr. Buch MD

Address, 151 Hanover St

Remarks,

THE REGISTRATION OF THE BIRTH OF AN INFANT, AND THE DEATH OF AN ADULT, ARE REQUIRED BY LAW.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 17th 1884

4. Place of Birth, (Street and Number)

2211 Bawch

5. Full Name of Mother,

Margaret Beigie

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

City

8. Full Name of Father,

Mathew Beigie

9. Father's Occupation,

Salmon

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. B. Beigie M.D.

Address,

151 Hancock St

Remarks,

For each Office to be recovered as other files and for allures are recoverable.

RETURN OF A BIRTH ⁷⁶⁷²¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 8th

4. Place of Birth, (Street and Number)

No 112 Hughes St

5. Full Name of Mother,

Leroy Bromberg

6. Mother's Maiden Name,

" Gerhart

7. Mother's Birthplace,

City

8. Full Name of Father,

12th Bromberg

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Bunch MD

Address,

151 Nassau St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura May *Nipper*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 6th 1884

4. Place of Birth, (Street and Number)

No 321 Hamilton st

5. Full Name of Mother,

Alice Miner

6. Mother's Maiden Name,

" Mansant

7. Mother's Birthplace,

city

8. Full Name of Father,

John Miner

9. Father's Occupation,

murder

10. Father's Birthplace,

Canada County

Name of Medical Attendant, or other Person who makes this Return.

J. C. Birch M.D.

Address,

151 Hamilton st

Remarks,

GYER NAME ADDED *5-24-54*

h. m.

Not to be used as a receipt for the return of a birth certificate as other data and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁶⁹²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 8th

4. Place of Birth, (Street and Number) 514 Hanover St

5. Full Name of Mother, May Wauker

6. Mother's Maiden Name, Belenick

7. Mother's Birthplace, City

8. Full Name of Father, Mr F. Wauker

9. Father's Occupation, Cigar packer

10. Father's Birthplace, Germany

11. Name of Medical Attendant, Dr. Beach M.D.
or other Person who makes this Return.

Address, 15 Hanover St

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18th

4. Place of Birth, (Street and Number)

108 Amsterdam St

5. Full Name of Mother,

Ellen Miller

6. Mother's Maiden Name,

Dailey

7. Mother's Birthplace,

City

8. Full Name of Father,

J. P. Miller

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

J. C. Burchard

Address,

151 Hanover St

Remarks,

For full details as to how to fill out this Return, see the instructions on the back of the card.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 5th

4. Place of Birth, (Street and Number)

No 8 Armistead Lane

5. Full Name of Mother,

Maria May

6. Mother's Maiden Name,

O'Day

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William May

9. Father's Occupation,

Miner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Birch M.D.

Address,

151 Hanover St

Remarks,

RETURN OF A BIRTH 74928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 20th

4. Place of Birth, (Street and Number) 119 Bannock

5. Full Name of Mother, Mary Williams

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Indiana

8. Full Name of Father, Geo. F. Villard

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, J. C. Burch MD

Address, 151 Hanover St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 19th

4. Place of Birth, (Street and Number)

11 Amistad Lane

5. Full Name of Mother,

Eileen Burns

6. Mother's Maiden Name,

" Thompson

7. Mother's Birthplace,

City

8. Full Name of Father,

Edward Burns

9. Father's Occupation,

Fireman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Dr. Bonds M.D.

Address,

1514 Avenue St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

5th

Female

White

Nov 23rd

No 103 Leadenhall St

Sarah Stallman

" Miller

City

Peter Stallman

Cabinet maker

City

J. C. Bonds M.D.

151 Hanover St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

● Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

● *Name of Medical Attendant,* or other Person who makes this Return.

Address,

Remarks,

CSI® Printers and Stationery

RETURN OF A BIRTH ⁷⁶⁹³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 5th 1884*

4. Place of Birth, (Street and Number) *127 High St*

5. Full Name of Mother, *Rosa Weberman*

6. Mother's Maiden Name, *Harrison*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joseph Weberman*

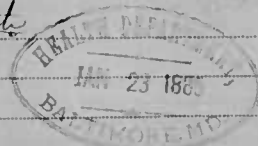
9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Lena Hillegert*

Address, *182 E. Monument St*

Remarks,



RETURN OF A BIRTH 769313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6th

4. Place of Birth, (Street and Number) 1128 Hamburg St

5. Full Name of Mother, Ellen Gurney

6. Mother's Maiden Name, " Fitzgibbon

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Gurney

9. Father's Occupation, Sabotier

10. Father's Birthplace, Ireland

11. Name of Medical Attendant, or other Person who makes this Return, J. C. Baugh M.D.

Address, 151 Hamburg St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 8th

4. Place of Birth, (Street and Number)

No 118 Bungalow

5. Full Name of Mother,

Ellen Bollman

6. Mother's Maiden Name,

" Berziat

7. Mother's Birthplace,

City

8. Full Name of Father,

Jas. H. Bollman

9. Father's Occupation,

Machineist

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Burchard M.D.

Address,

151 Hammond St

Remarks,

RETURN OF A BIRTH 7/7 35

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Dec 5th 1884

Place of Birth, (Street and Number)

69 S Fremont St

Full Name of Mother,

Ella Bray

Mother's Maiden Name,

Ella Arnold

Mother's Birthplace,

Balto Md

Full Name of Father,

Joseph Bray

Father's Occupation,

Blacksmith

Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Geo. R. Graham, M.D.

Address,

136 Columbia Avenue

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as after fined and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷⁶⁹³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 24th
4. Place of Birth, (Street and Number) No 219 Druid Hill Ave
5. Full Name of Mother, Stacia Metter
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, City
8. Full Name of Father, Chas. A. Metter
9. Father's Occupation, Clerk
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, J. C. Bunch M.D.
- Address, 151 Hunn St
- Remarks, _____

RETURN OF A BIRTH

76738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Dec. 23rd 1886.*

4. Place of Birth, (Street and Number) *#395 A. Sun St.*

5. Full Name of Mother, *Mary Jenkins.*

6. Mother's Maiden Name, *Huff.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *G. F. Jenkins.*

9. Father's Occupation, *Telegraph Operator.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Henry Hillegast.*

Address, *182 E. Monument St.*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Born December 26, 1876*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth *Born December 26, 1876*

4. Place of Birth, (Street and Number) *12 Eastish Alley*

5. Full Name of Mother, *Agnes Johnson*

6. Mother's Maiden Name, *Agnes Stewart*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Albert Johnson*

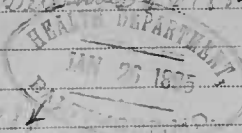
9. Father's Occupation, *Wagon Driver*

10. Father's Birthplace, *Kent, Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Betty Jones*

Address,

Remarks,



RETURN OF A BIRTH. 76940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth Dec 26. 84

4. Place of Birth, (Street and Number) 88 N. Schroeder St

5. Full Name of Mother, Mrs Ida M. Somers

6. Mother's Maiden Name, " " Boyd

7. Mother's Birthplace, Balt

8. Full Name of Father,

9. Father's Occupation, Saul B. Somers

10. Father's Birthplace, Washington G. Md.

Name of Medical Attendant, or other Person who makes this Return, R. L. Betting

Address, 467 N Fayette St

Remarks, L. Ida

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 27 Dec 1884

4. Place of Birth, (Street and Number) N 15 d Bethel st Balto

5. Full Name of Mother, Ida Sarah Sloper

6. Mother's Maiden Name, Ida J. Gibson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Henry Sloper

9. Father's Occupation, Master

10. Father's Birthplace, Leicester Co. Md

Name of Medical Attendant, or other Person who makes this Return Mr. Morgan

Address, Acorn Morgan 47 N. Larchmont st

Remarks, _____

with in this period above required, except in the cases of this birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other than and penalties are recoverable.

or persons who will severally fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 30th

4. Place of Birth, (Street and Number) No 195 1/2 S Charles st

5. Full Name of Mother, Ellen Shahan

6. Mother's Maiden Name, " McKean

7. Mother's Birthplace, City

8. Full Name of Father, Jas. Shahan

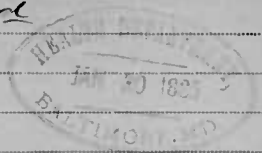
9. Father's Occupation, Latmer

10. Father's Birthplace, City

11. Name of Medical Attendant, J. C. Beach M.D.
or other Person who makes this Return.

Address, 1514 Anson st

Remarks, _____



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 25th

4. Place of Birth, (Street and Number)

63 Bane St

5. Full Name of Mother,

Augusta Romberg

6. Mother's Maiden Name,

" Hauf

7. Mother's Birthplace,

City

8. Full Name of Father,

Charles Romberg's

9. Father's Occupation,

Plumber

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Beach M.D.

Address,

151 Hanover St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

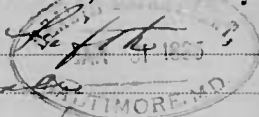
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

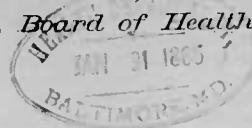
Remarks,



for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 25 Jan 1885

No 12 Jefferson St

4. Place of Birth, (Street and Number)

No 12 " "

5. Full Name of Mother,

Maggie E Jordan

6. Mother's Maiden Name,

Maggie Welch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Augustus Jordan

9. Father's Occupation,

A Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Massey

Address,

Mac Elder St Ext 100

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex, (state whether male or female) *5th Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 24 1887*
4. Place of Birth, (Street and Number) *Baltimore 450 Park St*
5. Full Name of Mother, *Lena Felt*
6. Mother's Maiden Name, *Lena Shamburg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Felt*
9. Father's Occupation, *Caracter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Minnie Graf*
- Address, *504 S. Baya St*
- Remarks, *Removed from me to son*

RETURN OF A BIRTH 76947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday - May 18 1885

4. Place of Birth, (Street and Number) Baltimore St 52

5. Full Name of Mother, Rosa Pittera

6. Mother's Maiden Name, Rosa Sissig

7. Mother's Birthplace, Boston Mass

8. Full Name of Father, Henry Pittera

9. Father's Occupation, Wheelwright

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. J. M. Jackson
or other Person who makes this Return.

Address, 14 August St

Remarks,

Persons who will hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th Jan.*

4. Place of Birth, (Street and Number) *191 Asquith St*

5. Full Name of Mother, *Mother Clappe*

6. Mother's Maiden Name, *" Sherwood*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Clappe*

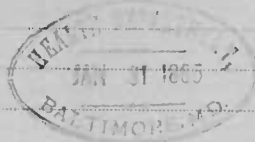
9. Father's Occupation, *Coach Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walters*

Address, *125 N. Caroline St.*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth

26th day of January 1885

4. Place of Birth, (Street and Number)

212 Gay St.

5. Full Name of Mother,

J. Loewenthal

6. Mother's Maiden Name,

Kaufman

7. Mother's Birthplace,

Kaboldhausen Germany

8. Full Name of Father,

J. Loewenthal

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Kromskirchen Germany

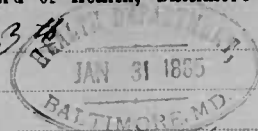
Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. Mammel, Midwife

Address,

228 Saratoga St. Balto.

Remarks,



With a fee of ten cents above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8th

Male

Colored

Jan 26 1895

Not East 100 St

Annie Stead

annie mood

Eastern shore md

Samuel Stead

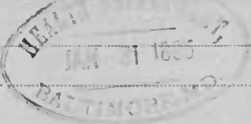
Heather

West River

Chaffett Warr

258 Roborg St

None



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *No 250 Central Ave*

4. Place of Birth, (Street and Number) *The 27 of January 1885*

5. Full Name of Mother, *Anna Imhof*

6. Mother's Maiden Name, *Anna Elm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Imhof*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Large Town Maryland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Ch. Lauer*

Address, *No 173 Harford Ave*

Remarks, *Baltimore Md.*

1885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 27th 1883*
4. Place of Birth, (Street and Number) *Salto 152 Mallory St*
5. Full Name of Mother, *Louise Wilhelmine Raabe*
6. Mother's Maiden Name, *Louise Wilhelmine Gottschalk*
7. Mother's Birthplace, *Neunzig Hirttenberg Germany*
8. Full Name of Father, *Max Fred. Raabe*
9. Father's Occupation, *Brick Moulder*
10. Father's Birthplace, *Kiel Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Minnie Graf*
- Address, *504 Saratoga St Baltimore*
- Remarks, *Arnold born 422 to 504*

or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 24th*

4. Place of Birth, (Street and Number) *Baltimore 116 West Fayette St.*

5. Full Name of Mother, *Anna Katharine Heise*

6. Mother's Maiden Name, *Anna Katharine Heise*

7. Mother's Birthplace, *Robertson in Germany*

8. Full Name of Father, *Carl Heise*

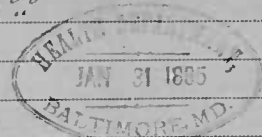
9. Father's Occupation, *Baker*

10. Father's Birthplace, *Prussia in Germany*

Name of Medical Attendant, or other Person who makes this Return, *Maximin Graf*

Address, *501 Saratoga St. Baltimore*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁶⁹⁵⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Ceslon

3. Date of Birth, Jan 27, 1885

4. Place of Birth, (Street and Number) 17 Union Alley

5. Full Name of Mother, Mary Edwards

6. Mother's Maiden Name, Mary Thomas

7. Mother's Birthplace, South Carolina

8. Full Name of Father, William Edwards

9. Father's Occupation, Wine Merchant

10. Father's Birthplace, N. Carolina

Name of Medical Attendant, or other Person who makes this Return. Samuel Woodland

Address, 1017 N. E. St.

Remarks,

for each offence to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan. 21 1885

4. Place of Birth, (Street and Number) 274 Alice Anna St

5. Full Name of Mother, Mate Adelman

6. Mother's Maiden Name, Bernhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, Maxwell Adelman

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. Wiley

Address, No 12 Patterson Park, Md

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1-28-86

4. Place of Birth, (Street and Number) 283 Saratoga

5. Full Name of Mother, Mary Henderson

6. Mother's Maiden Name, Morgan

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, James Henderson

9. Father's Occupation, Vanished

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, Natural

within this period shall be required, except in the cases of illegitimate children, and any person or persons who shall willfully fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 7/6/07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st

Female

White

January 28th 1885

82 Boston St

Annie Boyd

Annie Dodd

Baltimore

James Boyd

Waterman

Long Angel Co.

Mr R. H. Garrett

No 65 Burke St

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 76958

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. 76958 Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th Jan'y 1885

4. Place of Birth, (Street and Number) 20 Mulberry St

5. Full Name of Mother, Mrs

6. Mother's Maiden Name, Pacaci

7. Mother's Birthplace, Palermo

8. Full Name of Father, Pacaci

9. Father's Occupation, Confictioner

10. Father's Birthplace, Palermo

Name of Medical Attendant, or other Person who makes this Return. Dr. John A. Kierlan M.D.

Address, 119 N. Charles St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (~~state whether male or female~~)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 28

4. Place of Birth (Street and Number)

809 W. Buchanan St

5. Full Name of Mother

Sarah Gray

6. Mother's Maiden Name

Sarah Isaacs

7. Mother's Birthplace

Elliot Hill Md

8. Full Name of Father

Alex Gray

9. Father's Occupation

Shoe Manufacturer

10. Father's Birthplace

Scotland

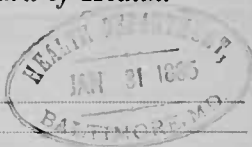
Name of Medical Attendant, or other Person who makes this Return.

Robt H. Shivers

Address

554 W. Fayette St

Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Six

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 28

4. Place of Birth, (Street and Number)

116 Chestnut St

5. Full Name of Mother,

Sarah Thomas Berry

6. Mother's Maiden Name,

Sarah Thomas Johnson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James E. Berry

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Calvert Co. Md

Name of Medical Attendant,

or other Person who makes this Return

Doctor Tomlin

Address,

114 3 Chestnut St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Jan. 28. 1885

4. Place of Birth, (Street and Number)

4011 W. Sawate St.

5. Full Name of Mother,

Clauke Holloway,

6. Mother's Maiden Name,

Bauitz

7. Mother's Birthplace,

Balto. City,

8. Full Name of Father,

Chas. A. Holloway,

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto. City,

Name of Medical Attendant, or other Person who makes this Return

J. L. Ryle M.D.

Address,

217 Sawate

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan. 29, 1883

Place of Birth, (Street and Number) 190 S. Charles.

Full Name of Mother, Estlin Mack.

Mother's Maiden Name, Riggins.

Mother's Birthplace, Baltimore

Full Name of Father, Jimmy Mack.

Father's Occupation, Laborer.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Lushbaugh.

Address, 220 Montgomery St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

Balto Jan 30th 1885.

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balto Jan 29th 1885.*

4. Place of Birth, (Street and Number) *Baltimore.*

5. Full Name of Mother, *Gera Kauch.*

6. Mother's Maiden Name, *Gera Kauch.*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Muesel.*

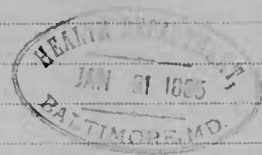
9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary Hendon,*

Address, *132 South Wolfe St.*

Remarks, *CS*



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

76764

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. Sex of Child of Mother (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

29th

4. Place of Birth (Street and Number)

Dallas Street - 155 North Dallas

5. Full Name of Mother

Emma J. Tillman

6. Mother's Maiden Name

Emma J. Norcross

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

George W. Tillman

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

H. H. Smith

Address

No. 100 W. Elders

Remarks

Street

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 6th, 20, 1884*

4. Place of Birth, (Street and Number) *Register St. No. 98*

5. Full Name of Mother, *Alberdine Brown*

6. Mother's Maiden Name, *Alberdine Adams*

7. Mother's Birthplace, *Broad Neck, County, Ann. Trinidad, R.*

8. Full Name of Father, *John Brown*

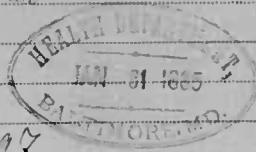
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Barbours, Ann. Trinidad, R.*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *18 Puller St. No. 26*

Remarks,



of person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 14th 1883

4. Place of Birth, (Street and Number) No 280 North Howard St.

5. Full Name of Mother, Ottilia Margaret Imhoff

6. Mother's Maiden Name, Ottilia Margaret Imhoff

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Frank Leonard Imhoff

9. Father's Occupation, Crow Solder

10. Father's Birthplace, Baltimore City

● Name of Medical Attendant, or other Person who makes this Return, Mrs Catherine Seebach

Address, No 439 West Pratt Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *First of January*

4. Place of Birth, (Street and Number) *No. 2 North St.*

5. Full Name of Mother, *Ella Henry*

6. Mother's Maiden Name, *Ella Henry Vondrehle*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Vondrehle*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mr. J. J. J. J.*

Address, *No. 425 West Pratt Street*

Remarks,

For each offense a fine of ten dollars may be imposed, and for each offense a fine of ten dollars may be imposed, and for each offense a fine of ten dollars may be imposed.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *1 Jan 1885*

4. Place of Birth, (Street and Number) *Pratt St. No 285*

5. Full Name of Mother, *Kathi Hegen*

6. Mother's Maiden Name, *Wentz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Hegen*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Bauer*

Address, *Long St. No 248*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *1 January*

4. Place of Birth, (Street and Number) *Belair - Avenue*

5. Full Name of Mother, *Margarethe D. Libman*

6. Mother's Maiden Name, *Funk*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wilhelm D. Libman*

9. Father's Occupation, _____

10. Father's Birthplace, *Oberrihein - Baden - Germany*

Name of Medical Attendant, or other Person who makes this Return, *Thos. Inauer*

Address, _____

Remarks, *Lombard St. No. 248*

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 1st 1885

4. Place of Birth, (Street and Number)

520 Canton Ave

5. Full Name of Mother,

Elizabeth Krebel

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Krebel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *George F. Nieberlein*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 2d 1885

4. Place of Birth, (Street and Number)

430 Eastern Ave

5. Full Name of Mother,

Kate Nieberlein

6. Mother's Maiden Name,

Stockman

7. Mother's Birthplace,

City

8. Full Name of Father,

John Nieberlein

9. Father's Occupation,

Oyster shucker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bety

Address,

128 Bank St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{7/7/72}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 3^d 1885

4. Place of Birth, (Street and Number)

No 132 Spring St

5. Full Name of Mother,

Margaretta Roane

6. Mother's Maiden Name,

Rutzler

7. Mother's Birthplace,

City

8. Full Name of Father,

Leonard Roane

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Pelt

Address,

120 Bank St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Within the period above required, every person in the care of the father and mother of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan'y 3/85*

4. Place of Birth, (Street and Number) *369 Somerset St.*

5. Full Name of Mother, *Sarah E. Blaney*

6. Mother's Maiden Name, *Sarah E. McMechin*

7. Mother's Birthplace, *Id.*

8. Full Name of Father, *John J. Blaney*

9. Father's Occupation, *Bricklayer*

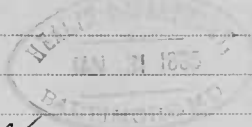
10. Father's Birthplace, *Id.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. Miller, M.D.
188 Franklin St.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday Jan 3rd 1885

4. Place of Birth, (Street and Number)

at W. C. P. Henrietta Street

5. Full Name of Mother,

Clara Hochlar

6. Mother's Maiden Name,

Clara Grouman

7. Mother's Birthplace,

Duxton Kensington London Germany

8. Full Name of Father,

Leonard Weber

9. Father's Occupation,

Saddler

10. Father's Birthplace,

Wittgar Württemberg Germany

Name of Medical Attendant, or other Person who makes this Return.

Per! M. M. M.

Address,

1. S. S. S. S. S.

Remarks,

For each office to be recovered as other data and for returns are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan. 3rd 1885*

4. Place of Birth, (Street and Number) *83 Harrison st.*

5. Full Name of Mother, *Anna Jacobs*

6. Mother's Maiden Name, *Levin*

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Isaac Jacobs*

9. Father's Occupation, *Pedler*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return *Dr. C. Bernstein*

Address, *6 Pratt st.*

Remarks,

RETURN OF A BIRTH 76976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th day of January

4. Place of Birth, (Street and Number) No. 3 Lakes Court Baltimore Md

5. Full Name of Mother, Mary Cristina Riemhardt

6. Mother's Maiden Name, Mary Cristina Wreath

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Riemhardt

9. Father's Occupation, Tailor

10. Father's Birthplace, Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Catherine Seebach

Address, 429 West P-M Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 76777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 January

4. Place of Birth, (Street and Number) Gaist. Ch 234

5. Full Name of Mother, Maria Etel

6. Mother's Maiden Name, M. Mehl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Etel

9. Father's Occupation,

10. Father's Birthplace, Bernbach - Glesser - German

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Mauser

Remarks, Lombard St. Ch 278

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan, 4th 1885*

4. Place of Birth, (Street and Number) *114 E. Lombard st.*

5. Full Name of Mother, *Rebecca Wirtz*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Wirtz*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. C. Bernstein*

Address, *67 E. Pratt st.*

Remarks, _____

RETURN OF A BIRTH ⁷⁶⁹⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female) *Weiblich*

2. Race or Color, (if not of the white race)

3. Date of Birth,

1. Januar

4. Place of Birth, (Street and Number)

551 Hannover St.

5. Full Name of Mother,

Lieze Rauescher

6. Mother's Maiden Name,

„ Weber

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

John Rauescher

9. Father's Occupation,

Capendier

10. Father's Birthplace,

Deutschland

Name of Medical Attendant, or other Person who makes this Return.

Hoff Meier

Address,

1 Lindenfall Nr.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁶⁹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6 Jan 1880

4. Place of Birth, (Street and Number) Somerset St. No. 15

5. Full Name of Mother, Mina Wortman

6. Mother's Maiden Name, Bullwice

7. Mother's Birthplace, Lieckhof - Hanover - Eng.

8. Full Name of Father, Heinrich Wortman

9. Father's Occupation, Tailor

10. Father's Birthplace, Lieckhof - Hanover - Eng.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Brown

Address, Lombard St. No. 288

Remarks,

for each address to be recovered as other "are and for figures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5th 2 1881

female

white

7 January

No. 3 N. Popplestone St

Caroline Lober

Caroline Wagner

Baltimore

Conrad Lober

Builder

German

Mrs. Catharine Debach

437 W. Pratt Street

RETURN OF A BIRTH ⁷⁶⁹⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

7th January 1885.

4. Place of Birth, (Street and Number)

West Pratt Street.

5. Full Name of Mother,

Lizzie Knoff. Deffner

6. Mother's Maiden Name,

Lizzie Knoff.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Theodor. Deffner.

9. Father's Occupation,

Box Maker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return,

Dr. Katharine Seebach

Address,

No. 431 West Pratt Street.

Remarks,

on persons who will be recovered to other persons and forfeitures are recoverable.

City Registrar and Districters.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 7, 1889

4. Place of Birth, (Street and Number)

147 Gilman St

5. Full Name of Mother,

Annie E. Luman

6. Mother's Maiden Name,

Annie E. Silgworth

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

George W. Luman

9. Father's Occupation,

Carriage Limner

Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Dr. S. H. H.

Address,

1077 Pratt St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 8th*
4. Place of Birth, (Street and Number) *50 Portland Street*
5. Full Name of Mother, *Mrs. Catharine Gammer*
6. Mother's Maiden Name, *- Ambrester*
7. Mother's Birthplace, *Baltimore. Md*
8. Full Name of Father, *Jacob. F. Gammer*
9. Father's Occupation, *Tailor.*
10. Father's Birthplace, *Baltimore. Md*
11. Name of Medical Attendant, or other Person who makes this Return, *Mrs. Catharine Seebach.*
- Address, *159 West Pratt Street*
- Remarks,

or persons who make this Return, for each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth 1877*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 8th*
4. Place of Birth, (Street and Number) *No. 572 S. Charles St.*
5. Full Name of Mother, *Catharine Mully*
6. Mother's Maiden Name, *Schwab*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry A. Mully*
9. Father's Occupation, *Cabinet Maker*
10. Father's Birthplace, *Baltimore*
11. Name of Medical Attendant, or other Person who makes this Return, *Dr. M. W. M. M.*
- Address, *1 Sandusky St.*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or to the imprisonment for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁶⁹⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *January 8 - 1852*

3. Date of Birth, *1237 Henriette*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mary A. Mc Genny*

6. Mother's Maiden Name, *Bensel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Mc Genny*

9. Father's Occupation, *Barr - Hotel*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Stein*

Address, *151 E. Pratt St.*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties and forfeitures as are recoverable for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 9th 1885

4. Place of Birth, (Street and Number)

179 Canton Ave

5. Full Name of Mother,

Ralie Perome

6. Mother's Maiden Name,

Cramer

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Perome

9. Father's Occupation,

Chair maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 9/85*

4. Place of Birth, (Street and Number) *64 George St.*

5. Full Name of Mother, *Mary Wachtel*

6. Mother's Maiden Name, *Mary Duandt*

7. Mother's Birthplace, *Ida*

8. Full Name of Father, *George A. Wachtel*

9. Father's Occupation, *Ida*

10. Father's Birthplace, *Ida*

Name of Medical Attendant, or other Person who makes this Return

Address, *H. Miller M.D. 188 Franklin St.*

Remarks,

THIS RETURN OF PERSONS WHO SHALL BE BORN IN THIS CITY, TO BE MADE BY THE REGISTRAR OF VITAL STATISTICS, IN ACCORDANCE WITH THE PROVISIONS OF THIS SECTION, SHALL BE SUBJECT TO A FINE OF TEN DOLLARS FOR EACH OFFENSE, TO BE RECOVERED AS OTHER FINES AND PENALTIES ARE RECOVERABLE.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth. January 9 1889

Place of Birth, (Street and Number) Calhoun St. No 737

Full Name of Mother, Mary A. Brown

Mother's Maiden Name, Mary A. Brown

Mother's Birthplace, England

Full Name of Father, Thomas S. Brown

Father's Occupation, Engineer

Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. S. Kelly
or other Person who makes this Return

Address, No 727 Scott St.

Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 January 1885
4. Place of Birth, (Street and Number) No 410 Hanover St Balt City
5. Full Name of Mother, Lena Proff
6. Mother's Maiden Name, " Krieger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Proff
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. M. M.
- Address, 1 S. 1st St. N. W.
- Remarks, _____

of persons who are not recorded in the birth records, and for each cause to be recovered as other lines and for figures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 9th*

4. Place of Birth, (Street and Number) *159 Little Green St*

5. Full Name of Mother, *Minnie Hoffman*

6. Mother's Maiden Name, *Minnie Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Conrad Hoffman*

9. Father's Occupation, *Farmer Lumber yard Locust Point*

10. Father's Birthplace, *Baltimore County Maryland*

11. Name of Medical Attendant, or other Person who makes this Return, *Dr. H. W. Wines*

Address, *1 Springfield St*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OTHo WILLIAM WITTO

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

310 N. Ann St

4. Place of Birth, (Street and Number)

January 9, 1885

5. Full Name of Mother,

Annie Eliza Witte District

6. Mother's Maiden Name,

Annie Eliza Witte

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Ambrose District

9. Father's Occupation,

Railroading

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Allwell

Address, 286 E. W. Donogh St

Remarks,

GIVEN NAME ADDED 11-15-54

For persons who shall have their full names, with the addresses of their parents, shall be subjected to the fine of ten dollars for each offence to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan. 9th 1885*

4. Place of Birth, (Street and Number) *63 Market Space*

5. Full Name of Mother, *Shifera Sklowsky*

6. Mother's Maiden Name, *Schlasse*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Abraham Sklowsky*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *67 E. Pratt St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 10th. 1895*

4. Place of Birth, (Street and Number) *78 Parkin Street. 1035*

5. Full Name of Mother, *Mary Biebrich*

6. Mother's Maiden Name, *Mary Goldbach*

7. Mother's Birthplace, *Berglauer Münsterstadt.*

8. Full Name of Father, *John Biebrich*

9. Father's Occupation, *Blacksmith.*

10. Father's Birthplace, *Rauachbach Gersfeld.*

11. Name of Medical Attendant, or other Person who makes this Return. *Mrs. Catharine Deebach*

Address, *439 West Pratt street.*

Remarks,

for each offense to be recovered as other fees and for return are recoverable.

any person or persons who shall register and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd - Lewis Hay Eichelberger*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 10/85*

4. Place of Birth, (Street and Number) *126 Lonsdale St.*

5. Full Name of Mother, *Lelia Eichelberger*

6. Mother's Maiden Name, *Lelia Sanderson*

7. Mother's Birthplace, *Ill*

8. Full Name of Father, *Edward C. Eichelberger*

9. Father's Occupation, *Attorney*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, *Name added by Lewis H. Eichelberger Jr. 6/1/95*

Lelia's Hay Eichelberger, 1 avp

within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th January 1882

4. Place of Birth, (Street and Number) Monroe St. No. 49

5. Full Name of Mother, Mary E. Deem

6. Mother's Maiden Name, Mary E. Mack

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward E. Deem

9. Father's Occupation, Stock Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelley

Address, No. 197 Pratt St.

Remarks,

RETURN OF A BIRTH.

76997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother (state whether 1st, 2d, 3d, &c) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 10th 1885
4. Place of Birth (Street and Number) 388, Hartford Ave.
5. Full Name of Mother Olevia E. Haffer
6. Mother's Maiden Name Olevia Myers
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Geo. W. Haffer
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. A. S. Stalton
- Address 437 N. Central Ave
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan 10th 1885*
4. Place of Birth, (Street and Number) *Low - st 124*
5. Full Name of Mother, *Hannah Benjamin*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Louis Benjamin*
9. Father's Occupation, *Pedler*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. G. Bernstein*
- Address, *67 E Pratt St.*
- Remarks, _____

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 11th 1883*
4. Place of Birth, (Street and Number) *155 Maderia Alley*
5. Full Name of Mother, *Annigunda Sumner*
6. Mother's Maiden Name, *Waters*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Thomas Sumner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Betz*
- Address, *120 Bank St.*
- Remarks,

or person who shall be liable: will to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2d
Female
BALTIMORE
JAN 31 1885

11th day of January 1885

North Caroline st 209 Bal

Mary Lanny

Mary Brooker

Baltimore

Nathaniel Burk Lanny

Stonecutter

Baltimore

Mrs Helen Groom

RETURN OF A BIRTH 77001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 1st 1885.

4. Place of Birth, (Street and Number)

137 Sharp St.

5. Full Name of Mother,

Ida Travers.

6. Mother's Maiden Name,

" Dorr.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Edward B. Travers.

9. Father's Occupation,

Provisions.

10. Father's Birthplace,

Balto City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M. D.

Address,

152 Sharp St.

Remarks,

for each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 1st 1885

4. Place of Birth, (Street and Number)

107 Sharp St

5. Full Name of Mother,

Mary R. Harkin

6. Mother's Maiden Name,

O'Neal

7. Mother's Birthplace,

Harward co Md

8. Full Name of Father,

Wm H. Harkin

9. Father's Occupation,

Farm Balto City Md

10. Father's Birthplace,

Balto City Md

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

N W cor Hancock & Barr St

Remarks,

For each offense to be recovered as other laws and ordinances are recoverable.

Missing 77003-77009 incl.

RETURN OF A BIRTH. 77 010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or person who shall hereafter fail to comply with the provisions of this act, and for each offense to be recovered as other laws and ordinances are recoverable.

within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall have failed to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11th

4. Place of Birth, (Street and Number) 1 South Castle St

5. Full Name of Mother, Barbara Wingley

6. Mother's Maiden Name, Barbara Gerber

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Wingley

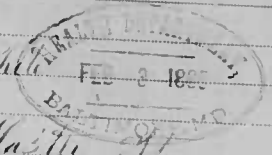
9. Father's Occupation, Gaberer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. Johanna Raulbach

Address, No. 14, South, Wiff, St, Balt, Md

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 5th 1885*

4. Place of Birth, (Street and Number) *161 N. Frank St*

5. Full Name of Mother, *Mary B. Fahy*

6. Mother's Maiden Name, *" Hunt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John J. Fahy*

9. Father's Occupation, *Laider*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Edmund McGee*

Address, *574 Aspinwall St*

Remarks,

or persons who shall give the name of the child, and the name of the mother, for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 77013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 5th 1880

4. Place of Birth, (Street and Number) 50 Hillman St

5. Full Name of Mother, Mary E. Dord

6. Mother's Maiden Name, " " Quinn

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Dord

9. Father's Occupation, Labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Edward A. Moseley

Address, 54 Gaymouth St

Remarks,

or persons who are recovered as other fees and for persons are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offense to be recovered as other fines and for allures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 77010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

1-5-'85

4. Place of Birth, (Street and Number)

209 Shields Alley

5. Full Name of Mother,

Martha Corbin

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Essex Co. Virginia

8. Full Name of Father,

Arthur Corbin

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Essex Co. Virginia

Name of Medical Attendant,

or other Person who makes this Return.

Garline E. Smith

Address,

253 Canollan Ave. Balt. Md.

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of not more than \$100 for each offense so recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d,*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *5th January 1894*

4. Place of Birth, (Street and Number) *Redefer 164*

5. Full Name of Mother, *Therese Müller*

6. Mother's Maiden Name, *Therese Schwaninger*

7. Mother's Birthplace, *Bayern*

8. Full Name of Father, *Johann Baker Müller*

9. Father's Occupation, *Bäcker*

10. Father's Birthplace, *Darmstadt*

Name of Medical Attendant, or other person who makes this Return, *Johanna Grube*

Address, *Johannend.*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act, or for failure to be recoverable.

RETURN OF A BIRTH 77017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 7th 1885*

4. Place of Birth, (Street and Number) *358 N. Calvert St.*

5. Full Name of Mother, *Katherine J. Barry.*

6. Mother's Maiden Name, *Boone*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harriet Ernie Barry.*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Ireland.*

Name of Medical Attendant, or other Person who makes this Return *S. H. Seldner M. D.*

Address, *S. B. Cor. Eager & Hartline Sts.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 8th 1885

4. Place of Birth, (Street and Number)

Corlies Ave. Tr. W.

5. Full Name of Mother,

Emma G. Lappa

6. Mother's Maiden Name,

" " Brockel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Lappa Jr

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Allegheny Co. Pa

Name of Medical Attendant, or other Person who makes this Return.

Edward P. M. Drake

Address,

54 Caisway St

Remarks,

For each offence to be recovered as other laws and regulations are recovered.

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of not more than five dollars, and for each offense to be recovered as other fines and forfeitures are recoverable.

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each
and the number of each, in order of birth, stated

17-17

HEALTH DEPARTMENT CITY OF BALTIMORE
CERTIFICATE OF BIRTH

050506

(1) PLACE OF BIRTH
CITY OF BALTIMORE (No. 2800 block (north side) St. 3-1 Ward)
Elliott Street
(2) FULL NAME OF CHILD Alma Josephine Finch
(3) Sex of Child Female
(4) Twin, triplet, or other? (To be answered only in event of plural births)
(5) Number in order of birth
(6) Legitimate? Yes
(7) Date of Birth Jan. 9 1885
(Month) (Day) (Year)

FATHER
(8) FULL NAME Roland Weston Finch
(9) RESIDENCE 2800 block Elliott Street
(10) COLOR White
(11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Virginia
(13) OCCUPATION Contractor
(20) Number of children born to this mother, including present birth 3

MOTHER
(14) FULL MAIDEN NAME George Ella Ramey
(15) RESIDENCE 2800 block Elliott Street
(16) COLOR White
(17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Baltimore, Md.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN

(When there was no attending physician or midwife then the father, householder, etc., should make this return.)
(22) I hereby certify that I attended the birth of this child, who was born alive at on the date above stated.
(A stillbirth requires a birth certificate and a death certificate which should be placed together. A stillborn child is one that does not breathe after birth.)
(24) Given name added from a supplemental report.

RECEIVED
MAY 16 1916
Signature of Physician or Mother
MAY 16 1916

BY BIRTH INDEX CLERK
Registrar

RETURN OF A BIRTH 77020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 of November 1902

4. Place of Birth, (Street and Number) 1000 Maryland St 80

5. Full Name of Mother, Margaret Hammond

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Bal to

8. Full Name of Father, Robert Hammond

9. Father's Occupation, single

10. Father's Birthplace, Bal to

Name of Medical Attendant, or other Person who makes this Return, A. Wilson

Address, Howard St 314

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 10th 1885

4. Place of Birth, (Street and Number) 36 McCombs St.

5. Full Name of Mother, Emma Martin

6. Mother's Maiden Name, Emma Simmen

7. Mother's Birthplace, Bayern

8. Full Name of Father, William Martin

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Johana Raupach
No. 14 S. Wolf St. Balt. Md.

Remarks:

RETURN OF A BIRTH. 7-022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth Jan. 10 1885

4. Place of Birth, (Street and Number) 256 Madison ave

5. Full Name of Mother, Catherine F Laws

6. Mother's Maiden Name, " Starr

7. Mother's Birthplace, Penna

8. Full Name of Father, David W Laws

9. Father's Occupation, Wholesale Confectioner

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lays Tanyhull

Address, 219 Madison ave

Remarks,

or person who shall hereafter fail to comply with the provisions of this act, for each offense to be recovered as other fines and forfeitures are recoverable.

with the return, and any person who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 16th 1885

4. Place of Birth, (Street and Number) 104th North, Chapel St.

5. Full Name of Mother, Irene Gossman

6. Mother's Maiden Name, Irene Neamen

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Casper Gossman

9. Father's Occupation, Cooper

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address, P. 14, South, W. 24, St., Balt. Md.

Remarks,

NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report to be made by the Registrar of Vital Statistics, Baltimore City, for each child born, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and the costs of this section, shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Bell
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 77025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. Child.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 11th.

4. Place of Birth, (Street and Number) Federal Street. Number

5. Full Name of Mother, Josephine Bowen.

6. Mother's Maiden Name, Mcintosh.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George Bowen.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

RETURN OF A BIRTH.

77026

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 11th 1885

4. Place of Birth (Street and Number)

380 E. Madison St.

5. Full Name of Mother

Addie Foster

6. Mother's Maiden Name

Addie McBeigh

7. Mother's Birthplace

Accomac Co. Va

8. Full Name of Father

James Foster

9. Father's Occupation

Plumber

Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

A. Estabrook

Address

1437 N. Central Ave.

Remarks

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, Jan. 11, 1885

Place of Birth, (Street and Number) 50 S. Turham. St

Full Name of Mother, Eliza Bider

Mother's Maiden Name, Eliza Gorb

Mother's Birthplace, Balt. Md.

Full Name of Father, Henry Bider

Father's Occupation, Sailor

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Bantach

Address, R. 14, S. Mif. St, Balt, Md.

Remarks,

RETURN OF A BIRTH

77028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
2. Sex, (state whether male or female) *Ma'dchen*
3. Race or Color, (if not of the white race) *weiss*
4. Date of Birth, *11th Januar Morgan 1868*
5. Place of Birth, (Street and Number) *Schuster 425*
6. Full Name of Mother, *Sarah Sherry*
7. Mother's Maiden Name, *Sarah Lytle*
8. Mother's Birthplace, *Maryland (County)*
9. Full Name of Father, *Frank Sherry*
10. Father's Occupation, *Captain*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return, *Johanna Grube*
13. Address, *E. Biddlestr 103*
14. Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 12th Jan. 1885

4. Place of Birth, (Street and Number) 77 S. Register St.

5. Full Name of Mother, Johanna Wolf

6. Mother's Maiden Name, Johanna Russell

7. Mother's Birthplace, Bayern

8. Full Name of Father, Anton Wolf

9. Father's Occupation, Labourer

10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Raubach

Address, No. 14 S. Wolf St. Balt. Md.

Remarks, _____

It is the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and of children born to women who are not married, and of children born to women who are not subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
- Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jun. 12th 1883*
4. Place of Birth, (Street and Number) *Centric & St. Paul sts.*
5. Full Name of Mother, *Sophie Arnold*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *William Arnold*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*
- Address, *67 E Pratt St.*
- Remarks, _____

RETURN OF A BIRTH 77031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six. 6*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 12, 1881*

4. Place of Birth, (Street and Number) *373. N. Halp. St.*

5. Full Name of Mother, *Kate Foster*

6. Mother's Maiden Name, *Dee. Sprue*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Christopher L. Foster*

9. Father's Occupation, *Copper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Wm. M. M. M.*

Address, *1. S. D. M. M.*

Remarks,

reject the birth and the child shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

770 32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 13th 1885*
4. Place of Birth, (Street and Number) *Balto. City No. 41 Penn St Cor Dover St*
5. Full Name of Mother, *Louise Lang*
6. Mother's Maiden Name, *Louise Gindoff*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Lang*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Kathins. Schbach*
- Address, *437 W Pratt St No. 41 Penn St Cor Dover St*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

January 3/1885

22 E. Pratt St

Hannah D. Sanders

" " Adams

Baltimore

John H. Sanders

Commission Merchant

Baltimore

Edward P. M. Decker

54 Carey St - Ch

or persons who may be recovered as other than and forfeitures are recoverable.

RETURN OF A BIRTH 77034

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female) ..

Female

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth, ..

January 13th 1885.

4. Place of Birth, (Street and Number) ..

176 E. Fayette St.

5. Full Name of Mother, ..

Mary C. Thompson.

6. Mother's Maiden Name, ..

Wild

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

John A. Thompson.

9. Father's Occupation, ..

Travelling Salesman.

10. Father's Birthplace, ..

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. M. Eldner No. 10

Address, ..

S. E. on Eager Caroline St.

Remarks, ..

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 13, 1885

4. Place of Birth, (Street and Number)

403 Druid Hill Avenue

5. Full Name of Mother,

Ella Greacen

6. Mother's Maiden Name,

Shealy

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

John Greacen

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this Return

Wanbury Brewer M.D.

Address,

68 McCulloch St.

Remarks,

RETURN OF A BIRTH 77036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 14/85

4. Place of Birth, (Street and Number) 99 N. Egle St

5. Full Name of Mother, Martha H. Dancker

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J. Dancker

9. Father's Occupation, Bookseller

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Edward P. McDevitt

Address, 54 Avenue St

Remarks,

for each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH 77037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 January
4. Place of Birth, (Street and Number) Ann St. No 236
5. Full Name of Mother, Kathi Gross
6. Mother's Maiden Name, H. H. Braun
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jakob Gross
9. Father's Occupation,
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs. Mauser
Address, Lombard St. No 945
Remarks,

or persons who shall hereafter not be recovered as other fees and forfeitures are recoverable, for each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth *January 15-85*
4. Place of Birth, (Street and Number) *No 352 E Fayette St*
5. Full Name of Mother, *Susan J Penn*
6. Mother's Maiden Name, *" " Young*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Richard J. Penn*
9. Father's Occupation, *Silver Plater*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A Allwell*
- Address, *286 Mc Donogh St*
- Remarks, _____

of parents, & persons, in this return, are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over 77039
Name of Child: *James Edward Sunter*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth *January 15, 1885*
4. Place of Birth, (Street and Number) *9 E Biddle St*
5. Full Name of Mother, *Virginia (Sunter) Lenkane*
6. Mother's Maiden Name, *Baltimore Md*
7. Mother's Birthplace, *Las. R (Sunter)*
8. Full Name of Father, *Baker*
9. Father's Occupation, *Baltimore Md*
10. Father's Birthplace, *Mary A Allwell*
Name of Medical Attendant, or other Person who makes this Return.
Address, *286 Mc Donagh st*
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15th January

4. Place of Birth, (Street and Number) Britten alley No 19

5. Full Name of Mother, Christina Heim

6. Mother's Maiden Name, Christina Fox

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolf Heim

9. Father's Occupation, driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 1 Sarsenupoll St.

Remarks,

of persons, and of persons, for each of whom to be recovered as other laws and for persons are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁷⁷⁰⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

For each affiance to be recovered as other fees and for children are recorded.

RETURN OF A BIRTH 77042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *January 15th.*
4. Place of Birth, (Street and Number) *363 Cathedral Street.*
5. Full Name of Mother, *Ann Kelly.*
6. Mother's Maiden Name, *Fisher.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Charles Kelly.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this return, *Charlotte Crosby.*
- Address, *369 Cathedral Street.*
- Remarks, _____

RETURN OF A BIRTH ^{7704¹³}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan 15th 1885

4. Place of Birth, (Street and Number) 178 S Bond st

5. Full Name of Mother, Rosa Goettman

6. Mother's Maiden Name, Wenzlau

7. Mother's Birthplace, Germany

8. Full Name of Father, George Goettman

9. Father's Occupation, Measurer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Belf

Address, 120 Bank st

Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

GIVEN NAME ADDED. 8-23-55
RETURN OF A BIRTH

7/7044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Adeline Tribull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, S. E. Kar. Lager & Sons, Inc.

Remarks,

Fourth
Female
White



January 5th 1885
1. Carter - May

Elizabeth Tribull
Wichita
Kansas
Richard Tribull
Wilk. Dealer

Germany

S. H. Seldner, M.D.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 15 1885

4. Place of Birth, (Street and Number)

366 Alloschen Street

5. Full Name of Mother,

Hannie Hadley

6. Mother's Maiden Name,

Ford

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

James H. Hadley

9. Father's Occupation,

Horn Draler

10. Father's Birthplace,

Louisiana

Name of Medical Attendant,

or other Person who makes this Return

Marbury Brewer M.D.

Address,

68 McCallister St.

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, January 16 1885

4. Place of Birth, (Street and Number) 47 E. Register St.

5. Full Name of Mother, Mary E. Greely

6. Mother's Maiden Name, McCherry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Greely

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Harris

Address, 154 E. Pratt St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 16th 1894*

4. Place of Birth, (Street and Number) *Light St No 623*

5. Full Name of Mother, *Minna Weaver*

6. Mother's Maiden Name, *Minna Kibel*

7. Mother's Birthplace, *Baltimore city*

8. Full Name of Father, *William Weaver*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. W. M. M.*

Address, *1 S. E. 1st St. No.*

Remarks,

of persons who shall hereafter, in the office of the Registrar, be required to be recovered as other files and folios are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

Jan 16th 1885

195 S Ann St

Maggie William

Grier

City

John H. Williams

Engineer

City

Mrs Elizabeth Betz

120 Bank St

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 17

4. Place of Birth, (Street and Number) 405 Creek St

5. Full Name of Mother, Annie Gaybold

6. Mother's Maiden Name, A Krogman

7. Mother's Birthplace, Baltimore M D

8. Full Name of Father, Paul Gaybold

9. Father's Occupation, Shoe Fitter

10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return, Dr. J. J. Williams

Address, 1 Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th Jan 1883

4. Place of Birth, (Street and Number)

13 N. Pat. Park Ave.

5. Full Name of Mother,

Mary Rose Wilson

6. Mother's Maiden Name,

Henkelley

7. Mother's Birthplace,

City

8. Full Name of Father,

Geo. Henry Wilson

9. Father's Occupation,

Butcher

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

E. J. Bruns M.D.

Address,

375 E. Balto. St.

Remarks,

Healthy Child

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 7/051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 19th 1885

4. Place of Birth, (Street and Number) 82 Collington Ave

5. Full Name of Mother, Sarah E. Pambleson

6. Mother's Maiden Name, " Carpenter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Pambleson

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Geo. B. Reynolds M.D.

Address, 171 N Calvert

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 17th. 1885

4. Place of Birth, (Street and Number) 54. South, Eastman St.

5. Full Name of Mother, Mary Stein

6. Mother's Maiden Name, Mary Schick

7. Mother's Birthplace, Baden

8. Full Name of Father, John Stein

9. Father's Occupation, Laborer

10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return

Address, No. 14, S. Woff. St. Balt. Md.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77053

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

Sex (state whether male or female)

female.

Race or Color, (if not of the white race)

Date of Birth,

January 17th / 85.

Place of Birth, (Street and Number)

N. 139. Hanover St.

Full Name of Mother,

Mary Doernmisky.

Mother's Maiden Name,

" " Schan.

Mother's Birthplace,

Georgetown

Full Name of Father,

Wystan Doernmisky.

Father's Occupation,

Tailor

0. Father's Birthplace,

S. Dusz. Poll.

No. of Medical Attendant, or other Person who makes this Return

Anna Giermer

Address,

N. 45 S. Monroe St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Girl

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18 January

4. Place of Birth, (Street and Number) Fayette St No 383

5. Full Name of Mother, Barbara Vogel

6. Mother's Maiden Name, " " Vogel

7. Mother's Birthplace, Auringen - Wittenberg - Europe

8. Full Name of Father, Philipp Vogel

9. Father's Occupation, _____

10. Father's Birthplace, Steinfurt - Baden - Europe

11. Name of Medical Attendant, or other Person who makes this Return. Mrs. Krause

Address, _____

Remarks, Let m Card Sts No 248

RETURN OF A BIRTH. 77055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

January 17. 1885

4. Place of Birth, (Street and Number)

230 W. Penn St

5. Full Name of Mother,

Harriet V. Booz

6. Mother's Maiden Name,

Simpson

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Wm. E. Booz

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary Ann Allwell

Address, 286 Mt Donogh St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, for each offense to be recovered as other fines and forfeitures are recoverable.

within the period above required, and to send with the certificate of the station shall be subject to a fine of ten dollars for each offense to be recovered as other laws and penalties are provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. January the 17th 1855

4. Place of Birth, (Street and Number) N. Henry St. No 1127

5. Full Name of Mother. Mary J. White

6. Mother's Maiden Name. Mary J. Brooks

7. Mother's Birthplace. Baltimore

8. Full Name of Father. Charles E. White

9. Father's Occupation. Paper hanger

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelley

Address. No 197 West St

Remarks.

RETURN OF A BIRTH 77057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 17th 1885

4. Place of Birth, (Street and Number)

107 Bridgetown

5. Full Name of Mother,

James Beck

6. Mother's Maiden Name,

Harfmueth

7. Mother's Birthplace,

America

8. Full Name of Father,

John Beck

9. Father's Occupation,

Boatmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

J. Labaree midwife

Address,

330 Thacker St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this act, or for each offence to be recovered as other laws and ordinances are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan. 15th 1885*

4. Place of Birth, (Street and Number) *209 Alexander St.*

5. Full Name of Mother, *Augusta Easch*

6. Mother's Maiden Name, *Augusta Weckerman*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Charley Easch*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Schanna Raulach*

Address, *No. 17, S. Wolf St., Balt. Md.*

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as follows:

PRINTED AND RETAINED

77059

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

— *H. T.*

Male

What

Aug 2/85

92 *Leucocoryza Alcyon*

Malvin D. Calkins

[Handwritten signature]

Busch B. (Almond)

Tome Miller

Coley

Mr. S. Blake

or other Person who
makes this Statute

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH.

77062

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 6th Jan 1895
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth January 6 1895
4. Place of Birth (Street and Number) West St No 60
5. Full Name of Mother Mary Gaskey
6. Mother's Maiden Name Mary Plitts
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas J Gaskey
9. Father's Occupation Bailor Maker
10. Father's Birthplace Baltimore
● Name of Medical Attendant, or other Person who makes this Return. M. R. Gaskey
Address 1344 Hamling St
Remarks Doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan. 15th 1885

4. Place of Birth, (Street and Number) 73 S. Chapel St.

5. Full Name of Mother, Margaret Suckart

6. Mother's Maiden Name, Margaret Ameler

7. Mother's Birthplace, Prager

8. Full Name of Father, Charles Suckart

9. Father's Occupation, Labrer

10. Father's Birthplace, Prager

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna, Schubach

Address, No. 14 S. Wolfe St. Balt. Md.

Remarks, _____

any person or persons who shall knowingly give or cause to be given any false or fraudulent information in this return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

a. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex. (note whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

b. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3. Child
Male

January 15/1885
No 7 Cooper St.
Mary Theale
Hess.

Baltimore County
Herman Theale
Laborer
Rising

Mrs. Lindner
123 S. Monmouth

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

- 77065
1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child 8-8-5
2. Sex (state whether male or female) female
3. Race or Color (if not of the white race) white
4. Date of Birth January 16 18
5. Place of Birth (Street and Number) 513 Light St
6. Full Name of Mother Sallie Mugg
7. Mother's Maiden Name Susa Clarke
8. Mother's Birthplace Harford County
9. Full Name of Father George Mugg
10. Father's Occupation Captain
11. Father's Birthplace Baltimore
12. Name of Medical Attendant, or other Person who makes this Return. Dr. R. Barker
13. Address 1315 Chambers St
14. Remarks Orange Hill

RETURN OF A BIRTH ^{7/7066}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Paris 18th 1885

4. Place of Birth, (Street and Number)

126 Chappel St

5. Full Name of Mother,

Anna Weber

6. Mother's Maiden Name,

" Mahler

7. Mother's Birthplace,

City

8. Full Name of Father,

Christian Weber

9. Father's Occupation,

Oyster shucker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Mrs Elizabeth Betz

Address,

126 Bank St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

65

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 18

4. Place of Birth, (Street and Number)

111 Pine St

5. Full Name of Mother,

Mary Cromwell

6. Mother's Maiden Name,

Sullivan

7. Mother's Birthplace,

Bulr

8. Full Name of Father,

Alix Cromwell

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Bulr

Name of Medical Attendant, or other Person who makes this Return.

St M Wilson

Address,

251 Mad. Av.

Remarks,

RETURN OF A BIRTH 77068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) 270 S. Bond St.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each affiant to be received in other forms

RETURN OF A BIRTH 11/10/69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Theodore Frederick Gritzan

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 19th 1885

4. Place of Birth, (Street and Number)

134 Scott St

5. Full Name of Mother,

Mary Gritzan

6. Mother's Maiden Name,

" Hammel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Theodore Gritzan

9. Father's Occupation,

Clothing Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Prof. M. M. M.

Address,

1 S. Davidson St.

Remarks,

10-23-52

or persons who send reports, for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁷⁰⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 January 1935

4. Place of Birth, (Street and Number) Duham St. No. 202

5. Full Name of Mother, Kathi Nebel-michel

6. Mother's Maiden Name, Engel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Nebel-michel

9. Father's Occupation, Sailor

10. Father's Birthplace, Levidschendorf - Boia - Europe

Name of Medical Attendant, or other Person who makes this Return. Dr. Maurice

Address, Lombard St. 1528

Remarks,

for each affiance to be recovered as other data and for figures are retained.

RETURN OF A BIRTH 77071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11

4. Place of Birth, (Street and Number) 274 Porter St. Bca

5. Full Name of Mother, Rosalia Rumpf Kumpf

6. Mother's Maiden Name, Rumpf Reinhardt

7. Mother's Birthplace, Berlin

8. Full Name of Father, Carl Rumpf

9. Father's Occupation, Mechanic

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other Person who makes this Return, Dr. M. M. M.

Address, 1 S. D. M. St.

Remarks,

for each office to be recovered as often as the returns are received

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 ²⁵/₂₇

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan 17th 1885*

4. Place of Birth, (Street and Number) *265 Front St*

5. Full Name of Mother, *Mary Conlon*

6. Mother's Maiden Name, *Mary Lawry*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Conlon*

9. Father's Occupation, *Watchman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Geo. Reynolds M.D.*

Address, *171 N. Calvert St*

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race)

Date of Birth, *19th day of January 1885*

Place of Birth, (Street and Number)

275 Ave. at Baltimore

Full Name of Mother,

Catherine Lent

Mother's Maiden Name,

Catherine Hook

Father's Birthplace,

Baltimore

Full Name of Father,

Charles Lent

Father's Occupation,

Taylor

Father's Birthplace,

Helmstedt, Pomerania

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Julia Groome

Remarks,

TURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

Order, (state whether 1st, 2d, 3d, etc.) *3d*

Sex (male or female) *Male*

Color (if not the white race)

19 day of January 1885

Street and Number) *No 22 Lexington St Bal*

Mother, *Catharine Wöhner Decker*

Name, *Catharine Wöhner*

Place, *Baltimore City*

Father, *Wm J Decker*

Profession, *Painter*

Place, *Prussia Germany*

Signature of Person who makes this Return *Mrs Julia Groom*

466 North Gay St Baltimore

RETURN OF A BIRTH.

77075

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan'y 19th 1885.

4. Place of Birth (Street and Number)

157 N. Front St.

5. Full Name of Mother

Julia Dexter

6. Mother's Maiden Name

Julia Morrison

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Jos. Dexter

9. Father's Occupation

Clerk

Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

John B. Morrison M.D.

Address

S. W. Calvert Row

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth Jan. 20th 1885

4. Place of Birth, (Street and Number)

711 Chapel St

5. Full Name of Mother,

Lenna Homan

6. Mother's Maiden Name,

Lenna Cusack

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

George Homan

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Johanna Rappaport

Address,

1214 S. Wolf St Balt. Md.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH⁷⁷⁰⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 20 Jan

4. Place of Birth, (Street and Number) 121 Monument

5. Full Name of Mother, Rosa Sang

6. Mother's Maiden Name, Wegens

7. Mother's Birthplace, Germany

8. Full Name of Father, Guttd. Sang

9. Father's Occupation, Plumber

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah C. Casper

Address, 72. C. Lombard

Remarks, _____

for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH 77078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 Jan

4. Place of Birth, (Street and Number)

477 F. Avenue

5. Full Name of Mother,

Sarah Scherry

6. Mother's Maiden Name,

Wail

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Scherry

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH.

77079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th 185th FEB 18 185

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 20th 185

4. Place of Birth (Street and Number)

34 W. Eager st.

5. Full Name of Mother

Mary Hough

6. Mother's Maiden Name

Mary Norris

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Mr J. Hough

9. Father's Occupation

Merchant

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

John T. McManis M.D.

Address

5. W. Calvert & Bond st.

Remarks

RETURN OF A BIRTH 77080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female FEB 1 1895
Colored

January 20th
Greenfield Court 16

Arch Beach
Jones

Prince George Ct Co

Benjamin Beach

Manager of Office

Baltimore

Dr. John

99 Johnson St

for each offence to be prosecuted as after

RETURN OF A BIRTH ⁷⁷⁰⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 21 - 1885

4. Place of Birth, (Street and Number)

57 E. Caroline St.

5. Full Name of Mother,

Helie Mc. Nulty

6. Mother's Maiden Name,

Murphy

7. Mother's Birthplace,

England

8. Full Name of Father,

Wm. Mc. Nulty

9. Father's Occupation,

Butcher

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

151 E. Pratt St.

Remarks,

or persons who shall register, but the Registrar shall not be responsible for each infirmity to be recovered as other laws and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

January 21st 1885 White

3. Date of Birth,

4. Place of Birth, (Street and Number)

417 S. Choptank

5. Full Name of Mother,

Mary Elizabeth Hager

6. Mother's Maiden Name,

M. E. Hager

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Charles Edward Hager

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

James E. Hamilton M.D.

Address,

299 S. Baltimore St.

Remarks,

RETURN OF A BIRTH 770863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21st Jan 1891

4. Place of Birth, (Street and Number) 902 Bond and Radcliff St

5. Full Name of Mother, Minnie Radcliff

6. Mother's Maiden Name, Minnie Radcliff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Henry

9. Father's Occupation, Engineer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. H. H. Hinch

Address, 101 Radcliff St, Baltimore

Remarks,

of persons to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Third
Female

White

January 2nd 1885

22 Commerce St.

Annie Belle M. Caultley

Baltimore

Richmond Va.

William Henry M. Caultley

Bookkeeper

Baltimore

S. W. Siddons M.D.

1000 Eager Baltimore Md.

RETURN OF A BIRTH ⁷⁷⁰⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 22 Jan.

4. Place of Birth, (Street and Number) 38 B. Fayette

5. Full Name of Mother, Leaster Henriette Golluppi

6. Mother's Maiden Name, Baltimore Leaster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Golluppi

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 22 E. Lombard

Remarks, _____

RETURN OF A BIRTH ⁷⁷⁰⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 Jan

4. Place of Birth, (Street and Number) 45 Fawn

5. Full Name of Mother, Siggie Grasin

6. Mother's Maiden Name, Segler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Grasin

9. Father's Occupation, Blacksmith

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 22 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 22, 1885

4. Place of Birth, (Street and Number) 3. Hollington Ave

5. Full Name of Mother, Mollie J Shipley

6. Mother's Maiden Name, a Ward

7. Mother's Birthplace, W. C. Co Md

8. Full Name of Father, Frank A Shipley

9. Father's Occupation, Printer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mr. R. H. Keim

Address,

Remarks,

any person or persons who shall neglect or fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

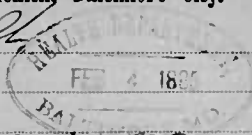
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Male



January 22nd 1885

126 Argemount St

Lillian Frank

Lillian

Barbara Germany

Jesse Frank

Teamster

Wt. Washington Baltimore Md

Edward P. McDevitt

54 Argemount St

RETURN OF A BIRTH 77090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the third*

☒ Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *the 23 Jun*

4. Place of Birth, (Street and Number) *Belair Ave*

5. Full Name of Mother, *Luisa Maria Wagner*

6. Mother's Maiden Name, *Luisa Smith*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Rudolf*

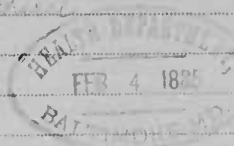
9. Father's Occupation, *Beer-Brewer*

☒ Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Crane*

Address, *No 6 S. Leaden - Bel Air Ave*

Remarks,



For each child not to be recovered as other laws and ordinances are enforced.

RETURN OF A BIRTH 77091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 23rd 1885

4. Place of Birth, (Street and Number)

55 Conway St

5. Full Name of Mother,

Annie Belle Cairncross

6. Mother's Maiden Name,

Hobbs

7. Mother's Birthplace,

Harward Co Md

8. Full Name of Father,

Wm H. Cairncross

9. Father's Occupation,

Clerk

Father's Birthplace,

Balto. city, Md.

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

Harward St

Remarks,

RETURN OF A BIRTH 77092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 23rd 1883

4. Place of Birth, (Street and Number)

137 Gough St

5. Full Name of Mother,

Louisa Perry

6. Mother's Maiden Name,

" Strohl

7. Mother's Birthplace,

City

8. Full Name of Father,

Jacob Perry

9. Father's Occupation,

Brush Maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH 77093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 23^d 1885

4. Place of Birth, (Street and Number)

338 S. Caroline st.

5. Full Name of Mother,

Friederike Mehring

6. Mother's Maiden Name,

" Jennika

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Mehring

9. Father's Occupation,

Labourer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank st.

Remarks,

RETURN OF A BIRTH.

77094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan. 23rd 1885

FEB 3 1885

4. Place of Birth, (Street and Number)

26, S. Castel. st

5. Full Name of Mother,

Margareth, Strohecker,

6. Mother's Maiden Name,

Margareth, Sell.

7. Mother's Birthplace,

Bayern.

8. Full Name of Father,

Bernhart, Strohecker,

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Batt. Me

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Johanna, Raupach,

Address,

No. 14, S. Wolf. st Batt. Me

Remarks,

or for each office to be recovered as other data and forgeries are recoverable.

RETURN OF A BIRTH 77095

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.) *Boy Corlan Jan 23rd 1885-9th*
Sex, (state whether male or female) *Boy*
Race or Color, (if not of the white race) *Corlan*
Date of Birth, *January 23rd*
Place of Birth, (Street and Number) *Race Street 50*
Full Name of Mother, *Hester Bayler*
Mother's Maiden Name, *Hester Matichew*
Mother's Birthplace, *Chesapeake City*
Full Name of Father, *Joseph Bayler*
Father's Occupation, *Shawmose*
Father's Birthplace, *Virginia*
Name of Medial Attendant, or other Person who makes this Return *Carolina Moore*
Address, *Seldons Street 2*
Remarks, *Carolina Moore no 2
Baltimore Md*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, January 13, 1895
- Place of Birth, (Street and Number) 292 Baring St
- Full Name of Mother, Kate E. Green
- Mother's Maiden Name, Kate E. Banks
- Mother's Birthplace, Baltimore
- Full Name of Father, Nicholas H. Green
- Father's Occupation, Machinist
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. S. Kelly
- Address, No 727 Pratt St
- Remarks,

RETURN OF A BIRTH 77097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 24th January 1885.

Place of Birth, (Street and Number) No. 27 South Schroder Street.

Full Name of Mother, Maryanna Reynolds Gubb.

Mother's Maiden Name, Maryanna J. Reynolds.

Mother's Birthplace, Baltimore.

Full Name of Father, George W. Gubb.

Father's Occupation, Labourer

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mr. Catherine Seabach.

Address, No. 437 West Pratt Street.

Remarks,

or persons who are not in Baltimore for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 77098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 24th 1885

4. Place of Birth, (Street and Number) 181 Eastern Ave

5. Full Name of Mother, Lina Spahn

6. Mother's Maiden Name, " Hoer

7. Mother's Birthplace, City

8. Full Name of Father, John Spahn

9. Father's Occupation, Musician

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank Str

Remarks,

for each offered to be recovered as other lines and conditions are recoverable.

RETURN OF A BIRTH 77099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 24th 1885

4. Place of Birth, (Street and Number)

350 L. Alice Anna St.

5. Full Name of Mother,

Mina Hoop

6. Mother's Maiden Name,

" Heiser

7. Mother's Birthplace,

City

8. Full Name of Father,

George Hoop

9. Father's Occupation,

Oyster man

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

for each offense to be recovered as other laws and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

74100
Eight

Female

White

Jan 24 1885

852 W. Henry St.

Margaret F. Hoffmann

Margaret F. Boyd

Frederick Md.

Chas. Hoffmann

Carpenter

Platte City Missouri

M. J. Linn

36 Frederick Ave

Strong healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 First*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 24th 1885*

4. Place of Birth, (Street and Number) *87 Sharp St*

5. Full Name of Mother, *Velie Silverman*

6. Mother's Maiden Name, *Velie Goldsmith*

7. Mother's Birthplace, *Russ. Polen*

8. Full Name of Father, *Isaac Silverman*

9. Father's Occupation, *Saddler*

10. Father's Birthplace, *Russ. Polen*

Name of Medical Attendant, or other Person who makes this Return *Mrs R. Goldsmith*

Address, *87 Sharp St.*

Remarks,

will file this report in the records of the Board of Health, and will issue a certificate of birth to the parents or persons who shall hereafter file to comply with the provisions of this section and no subject to a fine of ten dollars for each offense to be returned as either this and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁷⁷¹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Jan 24 1895

4. Place of Birth, (Street and Number)

#100 Dover St.

5. Full Name of Mother,

Caroline Cutler

6. Mother's Maiden Name,

Leben

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edw. Cutler

9. Father's Occupation,

Shoe-maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mary Pool

Address,

#328 J. Euter St.

Remarks,

for each office to be recovered as other fees and for returns are recoverable.

RETURN OF A BIRTH ⁷⁷¹⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 Jan

4. Place of Birth, (Street and Number) 283 Pratt

5. Full Name of Mother, Lizzie Susan

6. Mother's Maiden Name, Michel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Susan

9. Father's Occupation, Barber

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 22 E. Lombard

Remarks,

For each offence to be recovered as other laws and for all others are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, Child

Sex, (state whether male or female)

Female.

Race or Color, (if not of the white race)

Date of Birth,

January 25th 1885

Place of Birth, (Street and Number)

No. 2883 Scott St.

Full Name of Mother,

Birdy Stummman

Mother's Maiden Name,

Turner.

Mother's Birthplace,

Baltimore

Full Name of Father,

Henry Stummman

Father's Occupation,

Laborer.

Father's Birthplace,

Boston.

Name of Medical Attendant, or other Person who makes this Return

Annie Lindha.

Address,

No. 45 S. Monroville St.

Remarks,

RETURN OF A BIRTH 77106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

January 25th 1895

Place of Birth, (Street and Number)

N. S. Bruce St.

Full Name of Mother,

Mary Held.

Mother's Maiden Name,

Standish.

Mother's Birthplace,

Abundbury.

Full Name of Father,

John Hill.

Father's Occupation,

Blacksmith.

Father's Birthplace,

Paderborn.

Name of Medical Attendant, or other Person who makes this Return

Anne Lindner

Address,

123 S. Monroe St.

Remarks,

RETURN OF A BIRTH. 77107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth *January 25. 1885*
4. Place of Birth, (Street and Number) *401 E. Madison St*
5. Full Name of Mother, *Elizabeth J. Bauer*
6. Mother's Maiden Name, *Burkman*
7. Mother's Birthplace, *Washington D. C.*
8. Full Name of Father, *Geo. H. Bauer*
9. Father's Occupation, *Coal Dealer*
10. Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return, *Mary Ann Edgewell*
Address, *286 E. Doragh St*
Remarks, _____

For each subject to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 25, 1859
4. Place of Birth, (Street and Number) Spicker St. No 259
5. Full Name of Mother, Anna Carroll
6. Mother's Maiden Name, Anna Saydins
7. Mother's Birthplace, Baltimore C. C. M. S.
8. Full Name of Father, Wm. A. Carroll
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mr. J. Kelley
Address, No 197 North St.
Remarks,

any person or persons who shall fail to return this certificate to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) _____

Date of Birth, 25 day of January 1885

Place of Birth, (Street and Number) 245 McCloud st Baltimore

Full Name of Mother, Amelia Hamann

Mother's Maiden Name, Amelia James

Mother's Birthplace, Baltimore Conty

Full Name of Father, Wille & Hamann

Father's Occupation, labor

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Julia Groom 466 gay st

Remarks, _____

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, 25 day of January 1885

Place of Birth, (Street and Number) 245 McCloud st Baltimore

Full Name of Mother, Amelia Hamann

Mother's Maiden Name, Amelia James

Mother's Birthplace, Baltimore Conn

Full Name of Father, Wille & Hamann

Father's Occupation, labor

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Julia Groom 466 gay st

Remarks,

RETURN OF A BIRTH

To the Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of other, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (is male or female)

Male
White

2. Race or not of the white race

3. Date of

January 25th 1885.

4. Place (street and Number)

No. 420 Cross Street.

5. Full mother,

Amelia Steinbacher.

6. Mother Name,

Amelia Janusch.

7. Mother's place,

Germany.

8. Full father,

Julius Steinbacher.

9. Father's occupation,

Labour

10. Father's place,

Germany.

11. Name of attendant, or other Person who makes this Return.

Mrs. Catherine Seebach.

Address

No 420 West Pratt street.

Remarks

For each offence to be recovered as other laws and Ordinances are recoverable.

RETURN OF A BIRTH 77111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 25th 1885

4. Place of Birth, (Street and Number) 48 Burke St

5. Full Name of Mother, Mary E. Wicht

6. Mother's Maiden Name, " Clark

7. Mother's Birthplace, City

8. Full Name of Father, John Wicht

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Bely

Address, 120 Bank St

Remarks,

of persons who do not appear in this return, for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH ⁷⁷¹¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 20th 1880*

4. Place of Birth, (Street and Number) *206 E. Eden St.*

5. Full Name of Mother, *Belle Pfefferling*

6. Mother's Maiden Name, *Bryman*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Henry Pfefferling*

9. Father's Occupation, *Cattle Dealer*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Edward P. McDevitt*

Address, *54 Careyville St.*

Remarks, *Had 4th phis Prussian which caused premature birth at 8 m. - 1 week. Child still living.*

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

any person who makes this return for a fee of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25, 1885

4. Place of Birth, (Street and Number) North St

5. Full Name of Mother, Emeline Graves

6. Mother's Maiden Name, Emeline Graves

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Graves

9. Father's Occupation, Labour

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. E. C. C.

Address, No 13 Cuba St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, or for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 25-1885

4. Place of Birth, (Street and Number)

178 N Carey St.

5. Full Name of Mother,

Hennie Strouse

6. Mother's Maiden Name,

Hennie Weglein

7. Mother's Birthplace,

Balt^c - City

8. Full Name of Father,

Elias Strouse

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. P. Howard M.D.

Address,

Remarks,

any person or persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Robert P.F. Todd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 26

4. Place of Birth, (Street and Number)

Baltimore Fremont st N 164

5. Full Name of Mother,

Heattie Gebhardt

6. Mother's Maiden Name,

Heattie Todd

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Robert Todd

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Harford Co

Name of Medical Attendant,

or other Person who makes this Return

Ms. M. Shaffer

Address,

373 Hamburg st

Remarks,

any person or persons who will knowingly furnish false information in this return shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

any person or persons who shall breathe full to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 26th 1885

4. Place of Birth. (Street and Number) 212 Canton Ave.

5. Full Name of Mother Anna Worfel

6. Mother's Maiden Name Anna Bittenger

7. Mother's Birthplace, Bayern

8. Full Name of Father, George Worfel

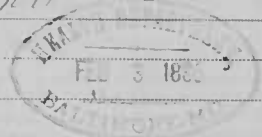
9. Father's Occupation, Pattern Maker

10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Rausbach

Address, No. 14 S. Wolf St. Balt. Md.

Remarks,



RETURN OF A BIRTH 77119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 January

4. Place of Birth, (Street and Number) Castel St. No. 20

5. Full Name of Mother, Eva Eising

6. Mother's Maiden Name, n. n. Herald

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Heinrich Herald

9. Father's Occupation,

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other Person who makes this Return, Mrs. J. J. J. J. J.

Address, 1000 10th St. N.E.

Remarks, 1000 10th St. N.E.

for each office to be returned as of the date of the birth and not the date of the return.

RETURN OF A BIRTH ⁷⁷¹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)

☒ Race or Color, (if not of the white race)

3. Date of Birth, January 26

4. Place of Birth, (Street and Number) 281 Cross St. Baltimore

5. Full Name of Mother, Emilie Müller

6. Mother's Maiden Name, Albert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Christoph Müller

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

☒ Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. M. M.

Address, 1 S. 1st St. Baltimore

Remarks,

of person for each address to be recovered as other data and for returns are unverifiable.

RETURN OF A BIRTH ⁷⁷¹²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3rd child
Female
FEB 1 1895

Jan 26
75 Portland St

Mary Meyer
Coquet

Germany

Wilhelm Meyer

Laborer

Germany

J. Schwabacher

830 Hunover St

For each address to be received

City, Printers and Stationers.

RETURN OF A BIRTH 77122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁷⁷¹²⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 26th

4. Place of Birth, (Street and Number)

201 Sanson Street

5. Full Name of Mother,

Chen, Leat

6. Mother's Maiden Name,

Robinson

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Shaw, Leat

9. Father's Occupation,

Stenciler

10. Father's Birthplace,

Calvert, Md.

Name of Medical Attendant, or other Person who makes this Return.

Edmund Johnson

Address,

911 S. Jones Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *26th Jan 1883*

4. Place of Birth, (Street and Number) *16 S. Central Ave.*

5. Full Name of Mother, *Mary Elizabeth Thomas*

6. Mother's Maiden Name, *Roberts*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Wesley Thomas*

9. Father's Occupation, *Steamboat Mate*

10. Father's Birthplace, *Dorchester Co. Md.*

11. Name of Medical Attendant, or other Person who makes this Return *C. P. Davis M.D.*

Address, *375 E. Balto. St.*

Remarks, *Healthy Child*

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 77125
1. Sex (state whether male or female) *first child*
male
2. Race or Color (if not of the white race) *white race*
3. Date of Birth *26 day of January*
4. Place of Birth (Street and Number) *No 47 Madison Alley*
5. Full Name of Mother *Barbara Ritter*
6. Mother's Maiden Name *Barbara Michael*
7. Mother's Birthplace *Black Bavaria*
8. Full Name of Father *Philipp Ritter*
9. Father's Occupation *cutler*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. H. M. Thelen*
- Address *No 27 Madison Alley*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *26 of January*

4. Place of Birth, (Street and Number) *No 4 Harrison Alley*

5. Full Name of Mother, *May Guehl*

6. Mother's Maiden Name, *May Wilmon*

7. Mother's Birthplace, *Queens Anne County Eastern Shore M. D.*

8. Full Name of Father, *William Guehl*

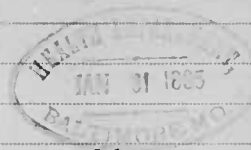
9. Father's Occupation, *Oyster Shucker*

10. Father's Birthplace, *Talbot County*

11. Name of Medical Attendant, or other Person who makes this Return *May Jane Richardson*

Address, *212 Dover Street*

Remarks, *Mother and child doing well*



to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

77127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

26th of January

4. Place of Birth (Street and Number)

No 111 Welcome Alley

5. Full Name of Mother

Ann Dina Hair

6. Mother's Maiden Name

Ann Dina Reed

7. Mother's Birthplace

Calvert Co. Md

8. Full Name of Father

John Hair

9. Father's Occupation

Coal Scowman

10. Father's Birthplace

Calvert Co. Md

● Name of Medical Attendant, or other Person who makes this Return.

Margaret Wilson

Address

111 Welcome Alley

Remarks

RETURN OF A BIRTH ⁷⁷¹²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 26th 1885*
4. Place of Birth, (Street and Number) *78 Black St*
5. Full Name of Mother, *Mary Garret*
6. Mother's Maiden Name, *Shaney*
7. Mother's Birthplace, *City*
8. Full Name of Father, *James Garret*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address, *120 Bank St*
- Remarks,

RETURN OF A BIRTH 77129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 26th 1885

4. Place of Birth, (Street and Number)

172 S Register St.

5. Full Name of Mother,

Anna Ressel

6. Mother's Maiden Name,

" Diller

7. Mother's Birthplace,

City

8. Full Name of Father,

William Ressel

9. Father's Occupation,

Fruit Dealer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

77130

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
January 20th 1885
200 E. Shore St.
Marie Hoffman
Bismarck
Baltimore
John Hoffman
Producer Sales
Baltimore

W. Alden M.D.
S. C. Conner & Caroline St.

RETURN OF A BIRTH. 77131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 24 1883

4. Place of Birth, (Street and Number) 88 Bond

5. Full Name of Mother, Lizzie Alexander

6. Mother's Maiden Name, Lizzie Gilmeyer

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Alexander

9. Father's Occupation, Carriage Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. C. M. Mendenhall

Address, 404 Bond Ave

Remarks, _____

RETURN OF A BIRTH ^{77/32}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 27th 1885*

4. Place of Birth, (Street and Number) *No 7 Leeson Street*

5. Full Name of Mother, *Maggie Hogan. Pubb.*

6. Mother's Maiden Name, *Maggie Hogan.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *James Pubb*

9. Father's Occupation, *Teamster.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Catherine DeLoach*

Address, *No 432 West Pratt Ave.*

Remarks,

Our persons who shall violate these rules, or who shall be convicted of any offense for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan. 27, 1885

4. Place of Birth, (Street and Number)

15. S. Chapel St

5. Full Name of Mother,

Mary Gilbert

6. Mother's Maiden Name,

Mary Maddreller

7. Mother's Birthplace,

Batt. Md.

8. Full Name of Father,

Celestine Gilbert

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Bayern

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Thomas Raulbach

Address,

16. S. W. 5th St. Batt. Md.

Remarks,

of persons who are born in Baltimore, and for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 77135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

female colored

2. Race or Color, (if not of the white race)

3. Date of Birth

27 January 1885

4. Place of Birth, (Street and Number)

1617 Webster St

5. Full Name of Mother,

Jellen Ates

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

Walter Gaskins

8. Full Name of Father,

Drayman

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

May 6 Jones

Name of Medical Attendant, or other Person who makes this Return.

Address,

No 11 Woodward St

Remarks,

any person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100 for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

77136

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 27th 1885

4. Place of Birth (Street and Number) 480 E. Chase St.

5. Full Name of Mother Margaret Young

6. Mother's Maiden Name Jones

7. Mother's Birthplace Philadelphia

8. Full Name of Father Geo. W. Young

9. Father's Occupation Painter

Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenty, M.D.

Address 283 N. Eden St.

Remarks



RETURN OF A BIRTH ⁷⁷¹³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Jan 27 1885
Male
BALTIMORE MD

January 27/85
92 N. Elden St
Mary Stern
Myer Stern
Washington - D.C.
Myer Stern
Clerk
Baltimore
Edward M. Devito
92 N. Elden St

For each offence to be prosecuted as above after the 1st of January 1885

RETURN OF A BIRTH ⁷⁷¹³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 27th 1885

4. Place of Birth, (Street and Number)

S. E. cor. Ham'g & Ridgely Sts

5. Full Name of Mother,

Rozena Shailow

6. Mother's Maiden Name,

Gauer

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Augustus E. Shailow

9. Father's Occupation,

Wood Worker

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return,

R. G. Lrr

Address,

Ham'g St

Remarks,

For each affix to be recovered as other lines and inclosures are recoverable.

RETURN OF A BIRTH 77139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

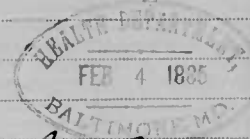
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



For each affixation to be recovered as other fees and penalties are recoverable.

Geo. H. [Signature]
11 Waverly Place

RETURN OF A BIRTH.

77140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 27*
4. Place of Birth (Street and Number) *James Alley*
5. Full Name of Mother *Mary Ranson*
6. Mother's Maiden Name *Mary Mull*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Ranson*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore*
☒ Name of Medical Attendant, or other person who makes this Return. *Dr. R. Cash*
Address *1314 Hamilton St*
Remarks *Danny well*

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 77141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 2nd 1885

4. Place of Birth, (Street and Number) 335 N. Main

5. Full Name of Mother, Clara J. Staff

6. Mother's Maiden Name, Clara J. Allen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles C. Staff

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. H. Allen

Address, 121 N. Main

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 17 1885

4. Place of Birth, (Street and Number) 471 1/2 East Pratt

5. Full Name of Mother, Anna Hamilton

6. Mother's Maiden Name, Anne Crawford

7. Mother's Birthplace, Baltimore

8. Full Name of Father, F. S. Hamilton

9. Father's Occupation, Broker & Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. H. Hamilton

Address, 1215, Monument

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 2, 1865

4. Place of Birth, (Street and Number) 47 W. 4th St.

5. Full Name of Mother, Emma Smith

6. Mother's Maiden Name, Emma Creighton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. H. Smith

9. Father's Occupation, Packer

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Thompson

Address, 12018 W. 4th St.

Remarks,

for each offence to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH

GIVEN NAME ASSES. 3/16/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2, 1865
4. Place of Birth, (Street and Number) 1 Spring St
5. Full Name of Mother, Lisa Thompson
6. Mother's Maiden Name, Lisa Holland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam Thompson
9. Father's Occupation, Merchant
10. Father's Birthplace, Charleston Co. Md.
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Williams
- Address, 127 N. Holloman St
- Remarks,

for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15, 1881

4. Place of Birth, (Street and Number) 336 1/2 N. Totten St.

5. Full Name of Mother, Sarah Staff

6. Mother's Maiden Name, Sarah Staff

7. Mother's Birthplace, Maryland

8. Full Name of Father, Fred. P. Staff

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. H. H. H. H. H.

Address, 12-17 N. Totten St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

77146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 Jan

4. Place of Birth, (Street and Number) 123 E. 1st

5. Full Name of Mother, Annie Desloni

6. Mother's Maiden Name, Baskusa

7. Mother's Birthplace, Italy

8. Full Name of Father, Mike Desloni

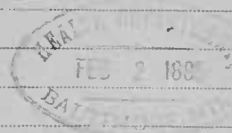
9. Father's Occupation, Labourer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 12 E. Lombard

Remarks,



for each office to be recovered as other fees and for children are recoverable.

RETURN OF A BIRTH. 77147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

One Child

Female

Colored Race

Jan 25, 1885

42. Bittel St

Genl. Wilmore

Genl. Gilly

Baltimore

John Wilmore

Oyster Shucker

Baltimore

Lucinda Woodford

130 N. Regester St

For each offense to be recorded as other area and for others are necessary.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Kust (1st)

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 28, 1885

4. Place of Birth, (Street and Number)

No. 416 East Monument Street

5. Full Name of Mother,

Mrs. Lucie Wallace

6. Mother's Maiden Name,

Miss Lucie Kent

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Mr. Lewis M. Wallace

9. Father's Occupation,

Buck Layer

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Glendinning M.D.

Address,

No. 102 N Broadway

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 25 January 1885

4. Place of Birth, (Street and Number) 265 E. Lombard St.

5. Full Name of Mother, Barbara Lorn

6. Mother's Maiden Name, Barbara Smiley

7. Mother's Birthplace, Balt., Md.

8. Full Name of Father, Josent Lorn

9. Father's Occupation, Cropper

Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Raulach

Address, No. 14 S. Wolf St., Balt., Md.

Remarks, _____

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷¹⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child
1. Sex, (state whether male or female) John Wise
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 28th 1885
4. Place of Birth, (Street and Number) 450 N. Charles St.
5. Full Name of Mother, Albertine (Weise) Wise
6. Mother's Maiden Name, Waller
7. Mother's Birthplace, Germany
8. Full Name of Father, George (Weise) Wise
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, J. Schaeffer midwife
or other Person who makes this Return.
- Address, 330 Hanover St.
- Remarks, _____

RETURN OF A BIRTH. 77151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *28 January 1893*

4. Place of Birth, (Street and Number) *72 Thames St*

5. Full Name of Mother, *Mary Thomson*

6. Mother's Maiden Name, *Mary Hochner*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Alex Thomson*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Balt Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Thomas Baughman*

Address, *No. 14 S. Wolf St. Balt. Md.*

Remarks,

for each office to be recovered as other laws and regulations are recovered.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

77152
RETURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

er, (state whether 1st, 2d, 3d, &c.)

6th

male ☒ female

Male

not of the white race)

28 day of January 1885

reet and Number)

256 Bond St Baltimore

ther, Williamina Hoelen

unc. Williamina Wagnut

e, Germany

ther. Oberham Hoelen

n. House Carpenter -

e. Holland

Attendant, or other Person who makes this Return

rs Julia Groom gay at 146

RETURN OF A BIRTH. 7/7/53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan. 28th '85

4. Place of Birth, (Street and Number) 155 Hudson St. Canton

5. Full Name of Mother, Annie Callery

6. Mother's Maiden Name, Annie Mc Cormick

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Callery

9. Father's Occupation, Foreman P.R.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, _____

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 ^{1st Child}

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, January the 28. 1885

4. Place of Birth, (Street and Number) Eastern Av. No 71

5. Full Name of Mother, Sarah Barnes

6. Mother's Maiden Name, Sarah Wiggins

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph Barnes

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Muller

Address, N. Carroll St. No 28

Remarks,



for each office to be recovered as other files and forfeitures are recoverable.

RETURN OF A BIRTH 7/1/55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, second

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Januar 28. 1885.

4. Place of Birth, (Street and Number) 110 Little Greene st.

5. Full Name of Mother, Annie Connolly

6. Mother's Maiden Name, Annie Hartung

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Will. Connolly

9. Father's Occupation, Canmaker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia St.

Remarks,

See each address to be recovered as other fees and information are recovered.

RETURN OF A BIRTH 77156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *21st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan 28th 1885*

4. Place of Birth, (Street and Number) *201 Bank St.*

5. Full Name of Mother, *Anna Albiter*

6. Mother's Maiden Name, *" White*

7. Mother's Birthplace, *City*

8. Full Name of Father, *John Albiter*

9. Father's Occupation, *Pump Dealer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Elizabeth But*

Address, *120 Bank St.*

Remarks,

RETURN OF A BIRTH 77157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan. 28th, 1885

Place of Birth, (Street and Number)

311 S. Paca St.

Full Name of Mother,

Jane Birnie

Mother's Maiden Name,

Jane Humphreys

Mother's Birthplace,

Launceston, England

Full Name of Father,

Geo. S. Birnie

Father's Occupation,

Building Maker

Father's Birthplace,

Launceston, England.

Name of Medical Attendant, or other Person who makes this Return

D. R. C. Smith.

Address,

#106 Columbia Ave.

Remarks,

Very large infant, weighing 15 lb.

RETURN OF A BIRTH

77158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan. 28th 1885

Place of Birth, (Street and Number)

29 Ringgold St.

Full Name of Mother,

Annie Leonard

Mother's Maiden Name,

Annie Leahy

Mother's Birthplace,

Balt. Md.

Full Name of Father,

Sam. Leonard

Father's Occupation,

Laborer

Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

D. R. C. Smith

Address,

106 Columbia Ave.

Remarks,

RETURN OF A BIRTH 77159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. ☒ (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colord

3. Date of Birth,

January 28 1885

4. Place of Birth, (Street and Number)

21 Barry St

5. Full Name of Mother,

Lucy Woolford

6. Mother's Maiden Name,

Lucy Torney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Woolford

9. Father's Occupation,

Sailor

10. ☒ Father's Birthplace,

Cambridge

Name of Medical Attendant, or other Person who makes this Return.

Schollert's Williams

Address,

164 S Howard St

Remarks,

five dollar

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Melville *5 Miller*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan'y 28. 1880*

4. Place of Birth, (Street and Number) *58 Argyle Avenue*

5. Full Name of Mother, *Iella Miller*

6. Mother's Maiden Name, *Williamson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles W. Miller*

9. Father's Occupation, *Clerk*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Marbury Brown M.D.*

Address, *68 McCallum Street.*

Remarks,

any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷¹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 28th

1885

4. Place of Birth, (Street and Number)

31. Lee St

5. Full Name of Mother,

Mrs Mary Ellen Bruckey

6. Mother's Maiden Name,

Mary Ellen Morningstar

7. Mother's Birthplace,

Fredrick Co Md

8. Full Name of Father,

George David Bruckey

9. Father's Occupation,

Cole Cart Driver

10. Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Hunter

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

77162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race).

3. Date of Birth, 29 Jan

4. Place of Birth, (Street and Number) 27 E. Lombard

5. Full Name of Mother, Annie Geisen

6. Mother's Maiden Name, Mueller

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Geisen

9. Father's Occupation, Sal Gurer

10 Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return,

Address, 22. E. Lombard

Remarks,

for each child to be recovered as if her ties with children were recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

Colored Race

Jan. 29 1885

49 Spring St

Lizzie Lewis

Lizzie Kuge

Baltimore

Perry Lewis

Miner

Baltimore

Lucinda Woodford

130 North Light St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

January 22d 1881

Place of Birth, (Street and Number)

240 N. Hollist

Full Name of Mother,

Eleanor Smith

Mother's Maiden Name,

C. Donnell

Mother's Birthplace,

Warford County, Md.

Full Name of Father,

Andrew Smith

Father's Occupation,

Tailor

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

W. H. Seldner, M.D.

Address,

12 E. Con. Baser, Baltimore, Md.

Remarks,

RETURN OF A BIRTH 77/65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

For each addition to be recovered as other cases and in the forms are to be used.

RETURN OF A BIRTH

77166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

white

Date of Birth,

Jan'y 29 - 1885

Place of Birth, (Street and Number)

94 Harrison St

Full Name of Mother,

Rebecca Silverman

Mother's Maiden Name,

Rebecca Buchner

Mother's Birthplace,

Poland

Full Name of Father,

Henry Silverman

Father's Occupation,

Shoe Dealer

Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who
makes this Return

Daniel V Meyer M.D.

Address,

192 Virginia St

Remarks,

City

RETURN OF A BIRTH. 77167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

January 29th 1885

4. Place of Birth, (Street and Number)

16 S. Hollington St.

5. Full Name of Mother,

Marella H. Robinson

6. Mother's Maiden Name,

" " Mann

7. Mother's Birthplace,

Pennsylvania.

8. Full Name of Father,

William P. Robinson,

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this return.

A. Ridgway Andre MD

Address,

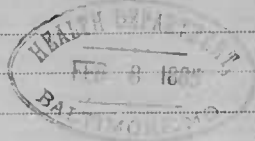
121 E. Baltimore St

Remarks,

RETURN OF A BIRTH. ⁷⁷¹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 29 Jan 1886
4. Place of Birth, (Street and Number) West St 377 Between E & West
5. Full Name of Mother, Lousia Mancker
6. Mother's Maiden Name, Lousia Mattee
7. Mother's Birthplace, Carolina County
8. Full Name of Father, Benjamin Mancker
9. Father's Occupation, Seaman
10. Father's Birthplace, Lochester County
- Name of Medical Attendant, or other Person who makes this Return. Abilla Brooks
- Address, 216 Warner St
- Remarks, Living well



RETURN OF A BIRTH.

77169

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child 1884
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth December 11 1884
4. Place of Birth (Street and Number) Gilling Street 30
5. Full Name of Mother Louisa Caskoy
6. Mother's Maiden Name Louisa Dwyald
7. Mother's Birthplace Baltimore City
8. Full Name of Father George W. Caskoy
9. Father's Occupation Sailmaker
10. Father's Birthplace Baltimore City
Name of Medical Attendant, or other Person who makes this Return. W. R. Caskoy
Address 1314 Lombard St
Remarks Doing well

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 7777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) Caucasian
- Date of Birth, 20 of December 1908
- Place of Birth, (Street and Number) Edmore St 198
- Full Name of Mother, Anna Jones
- Mother's Maiden Name, Jones
- Mother's Birthplace, Annuramul 180
- Full Name of Father, James Jones
- Father's Occupation, Single
- Father's Birthplace, Annuramul 180
- Name of Medical Attendant, or other Person who makes this Return, A. Wilder
- Address, Harvard St 314
- Remarks,

For each offense to be recovered as other laws and regulations are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 24th 1884

4. Place of Birth, (Street and Number) 106 N. Fayette st.

5. Full Name of Mother, Anna Hankins

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Hankins

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 67 E. Pratt st.

Remarks,

To a fine of ten dollars for each return, to be recovered as in and to the effect of the Act of the General Assembly of the State of Maryland, passed April 10, 1882, and amended by the Acts of the General Assembly of the State of Maryland, passed April 10, 1884, and April 10, 1886.

PRINTED AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

or person who makes this Return, for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 7/1/03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 28th 1884

4. Place of Birth, (Street and Number) 90 N. Gay St.

5. Full Name of Mother, Sarah E. Blanchard

6. Mother's Maiden Name, " " Meredith

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, William D. Blanchard

9. Father's Occupation, Shooting gallery

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return, Edward R. McDevitt

Address, 57 Avenue C

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *28 of December 1884*

4. Place of Birth, (Street and Number) *44 Harrison str.*

5. Full Name of Mother, *Dora Fischer*

6. Mother's Maiden Name, *Edane*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Israel Fischer*

9. Father's Occupation, *Peddler*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs C. Bennstein*

Address, *67 E. Pratt St.*

Remarks,

In a fine of ten dollars for each offense, to be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH 7/1/75

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - First
Sex, (state whether male or female) - Female
Race or Color, (if not of the white race) - White
Date of Birth, - December 29th 1884
Place of Birth, (Street and Number) - 30 McElderry St.
Full Name of Mother, - Rosa Sommer
Mother's Maiden Name, - Wehrman
Mother's Birthplace, - Baltimore
Full Name of Father, - Thomas H. Sommer
Father's Occupation, - Bricklayer
Father's Birthplace, - Baltimore
Name of Medical Attendant, or other Person who makes this return - S. H. Seldner M.D.
Address, - S. E. Cor. Eager Caroline Sts.
Remarks,



7711k

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

101
7-10-1936

ВАСИЛИЙ

3. *Date of Birth,*

Jan 30 ad 1883-
58 Williams st

Anna Wheeler

Chandler

Guerrero.

Paul Kessler

Babi.

Germani

A. labradoricus *nidulosa*

331 Francis St

for each offence to be recovered in a different time frame.

CERTIFICATE CORRECTED 9-5-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Maria Elizabeth Brendel*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Jan 25 3 a Charles St
Catharine Brendel
Schaecher
Germany Brendel
Phillip Brendel
State Roofing
Germany
Schaecher midwife
330 Hanover St.

for each offense to be recovered as other laws and regulations.

RETURN OF A BIRTH 77178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 13th 1887

4. Place of Birth, (Street and Number) 1211 North Ave

5. Full Name of Mother, Alice G. Miller

6. Mother's Maiden Name, Rose Miller

7. Mother's Birthplace, New York

8. Full Name of Father, Friedrich Miller

9. Father's Occupation, Tailor

10. Father's Birthplace, Village of Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. H. H.

Address, 1013 Eaba St

Remarks,

for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

● Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan. 30 1885

4. Place of Birth, (Street and Number) 150 Bank St

5. Full Name of Mother, Rosa Mills

6. Mother's Maiden Name, Diamond

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William A. Mills

9. Father's Occupation, Oyster Captains

10. Father's Birthplace, Bishop's Head

Name of Medical Attendant, or other Person who makes this Return, Mrs. Wiley

Address, 12 Patterson Park av

Remarks,

RETURN OF A BIRTH 77/181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 30th 1885

4. Place of Birth, (Street and Number) Charles St near Fort Ave

5. Full Name of Mother, Amanda Meates

6. Mother's Maiden Name, Amanda Meates

7. Mother's Birthplace, New Jersey

8. Full Name of Father, William J Meates

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Baltimore city, Md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 658 N. Charles St

Remarks,

7-7-82
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan'y 30th*

4. Place of Birth, (Street and Number) *367 Franklin St*

5. Full Name of Mother, *Flora M Burrows*

6. Mother's Maiden Name, *" Penegay*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Joseph A Burrows*

9. Father's Occupation, *clerk*

Father's Birthplace, *Washington D C*

Name of Medical Attendant, or other Person who makes this Return *J Mc Hurdley*

Address, *22 Edmondson Ave*

Remarks,

any person, or persons, who shall neglect or refuse to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 77183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) W

Date of Birth January 30 1885

Place of Birth, (Street and Number) 880 W. Pratt St

Full Name of Mother, Mrs. Kate A. Morrisett

Mother's Maiden Name, " " Decker

Mother's Birthplace, Balt

Full Name of Father, Willard Morrisett

Father's Occupation, Steam Fitter

Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. L. L. Betting

Address, 467 W. Fayette St

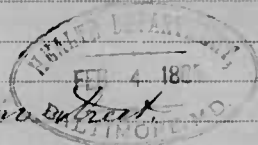
Remarks, L.O.S.A.

for each affixed to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 30 1885
4. Place of Birth, (Street and Number) No. 51 Harrison Street
5. Full Name of Mother, Virginia Maurer
6. Mother's Maiden Name, Galster
7. Mother's Birthplace, England
8. Full Name of Father, John Maurer
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other Person who makes this Return. Aug. R. Clewell M.D.
Address, 1539 Hanford Ave
Remarks,



For each offense to be recovered as other fees and forfeitures are recovered.

RETURN OF A BIRTH 77185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Female 10 1885

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 25/85.

4. Place of Birth, (Street and Number)

479, Lawrence St.

5. Full Name of Mother,

Sueie Badger.

6. Mother's Maiden Name,

" Doughty.

7. Mother's Birthplace,

Illinois -

8. Full Name of Father,

Wm. B. Badger

9. Father's Occupation,

grocer

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Thomas O'Neil M.D.

Address,

179 N. Howard

Remarks,

For each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 26, 1885

4. Place of Birth, (Street and Number) 9 Claritally

5. Full Name of Mother, Kate Jones

6. Mother's Maiden Name, Kate Wilson

7. Mother's Birthplace, Calvert county md

8. Full Name of Father, Gibson Wilson

9. Father's Occupation, waiter

10. Father's Birthplace, Prince ann

Name of Medical Attendant, or other Person who makes this return. Mary ann dowsy

Address, 64 Elliot Lane

Remarks, five dollars.

HEALTH DEPARTMENT
FEB 10 1885
BALTIMORE MD

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 30, 1885*

4. Place of Birth, (Street and Number) *Disputant St. No. 188*

5. Full Name of Mother, *Adelle Wiggall*

6. Mother's Maiden Name, *Adelle Wilson*

7. Mother's Birthplace, *Waldorf City*

8. Full Name of Father, *Adam Wiggall*

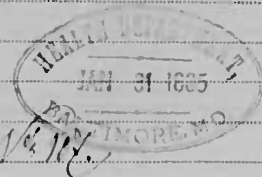
9. Father's Occupation, *Seaman*

Father's Birthplace, *Waldorf City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *1 Dallas St. No. 26*

Remarks,



for each affiance to be recovered as other rates and furnished are recoverable.

RETURN OF A BIRTH 7/188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 30th, 1885

4. Place of Birth, (Street and Number)

No 2 Spruce ally

5. Full Name of Mother,

Maria Benlein

6. Mother's Maiden Name,

Lausterer

7. Mother's Birthplace,

Franz Benlein

city

8. Full Name of Father,

9. Father's Occupation,

Laborer

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Butz

Address,

120 Bank st

Remarks,

RETURN OF A BIRTH

77189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 30, 1885

4. Place of Birth, (Street and Number)

121 Hudson St.

5. Full Name of Mother,

Mary Gallop

6. Mother's Maiden Name,

Mary Carroll

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Gallop

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Suayne

Address,

59, Luzerne St. Balt. Md.

Remarks,

RETURN OF A BIRTH 77190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *five*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *january 3*

4. Place of Birth, (Street and Number) *175 west st Baltimore*

5. Full Name of Mother, *ellen huffman*

6. Mother's Maiden Name, *hall*

7. Mother's Birthplace, *norfolk lake dunnond*

8. Full Name of Father, *joseph huffman*

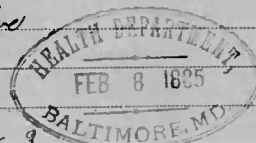
9. Father's Occupation, *coal labor*

10. Father's Birthplace, *Cambridge co Me*

Name of Medical Attendant, or other Person who makes this Return. *mr Karpner*

Address, *175 west st Baltimore*

Remarks, *none*



RETURN OF A BIRTH 77191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

January 10, 1885

107 E. Eager St

Catherine E. Schmidt

Free

Baltimore

Henry Schmidt

Blacksmith

Baltimore

J. H. Eldrup M.D.

107 E. Eager St. + Caroline St.

RETURN OF A BIRTH 77192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

31 Jan

4. Place of Birth, (Street and Number)

13 Lombard

5. Full Name of Mother,

Christina Schwartz

6. Mother's Maiden Name,

Klein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Raymond Schwartz

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cooper

Address,

12 E. Lombard street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 3rd 1883

4. Place of Birth, (Street and Number)

Planet Ocean L. Point

5. Full Name of Mother,

W. E. Patterson

6. Mother's Maiden Name,

M. G. McArthur

7. Mother's Birthplace,

S. C. Baltimore

8. Full Name of Father,

W. E. Patterson

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Ellie Schaffer

Address,

Cor. Scott Ave & Tension St. East Point

Remarks.

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 Jan

4. Place of Birth, (Street and Number) 7 B. Leomin

5. Full Name of Mother, Matilda G. Glöten

6. Mother's Maiden Name, Dauson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Glöten

9. Father's Occupation, Sea port man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. G. Lombard

Remarks,

for each of these in the Registrar's Office of Vital Statistics, Baltimore City.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Barbara Eva Hert
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd Child*
 Sex, (state whether male or female) *girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *31st Jan 1905*
 4. Place of Birth, (Street and Number) *No 134. Patterson Av*
 5. Full Name of Mother, *Catherine (Lock) (Hill) Hert*
 6. Mother's Maiden Name, *(Lock) (Schmidt) Schneider*
 7. Mother's Birthplace, *Germania*
 8. Full Name of Father, *John (Shan) (Hill) Hert*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Germania*
 Name of Medical Attendant, or other Person who makes this Return, *Frederick Kaufmann*
 Address, *No 202. S. Dallas St*
 Remarks, *Hebomme*

for each office to be received in full and no part

RETURN OF A BIRTH.

77196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^{tes} Child

Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

31st Jan 1885

4. Place of Birth, (Street and Number)

No 253 S. Carlein Str

5. Full Name of Mother,

Loth Rauch

6. Mother's Maiden Name,

Loth Weber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friederich Rauch

9. Father's Occupation,

Cannemaker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Hausmann

Address,

No 202 S. Duller Str

Remarks,

Hebammie

for each offence to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH. 77197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6 Child*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 21st 1885*

4. Place of Birth, (Street and Number) *Carroll St*

5. Full Name of Mother, *Mary O'Brien*

6. Mother's Maiden Name, *Henriety*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John O'Brien*

9. Father's Occupation, *Fire Man*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Wm. Wiley*

Address, *No 12 Patterson Park, av*

Remarks,

RETURN OF A BIRTH 77198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

January 31st 1885

No. 14 Cooper St.

Hanna. Schner.

Schlack.

Breman

Furniture Carpenter

Charles Schner.

Hannover.

Anne. Linder

No. 45 S. Monmouth St.

RETURN OF A BIRTH 77199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January 31st 1885

4. Place of Birth, (Street and Number) 365 Cross St

5. Full Name of Mother, Pauline Mary Boesmans

6. Mother's Maiden Name,

7. Mother's Birthplace, Lill France

8. Full Name of Father, Joseph Boesmans

9. Father's Occupation, Mason

Father's Birthplace, Sarsrotiel Belgique

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each office to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

4th

Female

White

January

138 Baltimore St.

Ann Kate Kempel

" " Pring

Baltimore

Mr. Chas. W. Kempel

Harness Maker.

Germany

Prof. Mining

1 Sandown Hill B. V.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 77200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January

4. Place of Birth, (Street and Number)

138 Balto St

5. Full Name of Mother,

Mrs Kate Kempel

6. Mother's Maiden Name,

" " Gray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mrs Chas W Kempel

9. Father's Occupation,

Harness Maker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Dr J M M

Address,

1 Sandown Hill Dr

Remarks,

for each address to be recovered as other persons and signatures are recovered

RETURN OF A BIRTH 7/207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

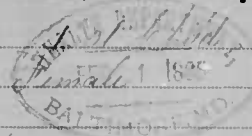
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Jan 31 1885

2040 Henrietta St.

Mary Eaton

Shillinger

America

George Eaton

House Dealer

America

J. Taber, M.D.

330 Hanover St.

For each address to be recovered as other lines and figures are recoverable.

RETURN OF A BIRTH ⁷⁷³⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race)

3. Date of Birth, ^{Jan 31st 1885}

4. Place of Birth, (Street and Number) ^{63 Bank St}

5. Full Name of Mother, ^{Mary Dekret}

6. Mother's Maiden Name, ^{" Probst}

7. Mother's Birthplace, ^{City}

8. Full Name of Father, ^{Frank Dekret}

9. Father's Occupation, ^{Herb. Doctor}

10. Father's Birthplace, ^{France}

Name of Medical Attendant, or other Person who makes this Return. ^{Mrs Elizabeth Behz}

Address, ^{120 Bank St}

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th Jan'y

4. Place of Birth, (Street and Number) 127 Ardenway Ave

5. Full Name of Mother, Annie F. Walter

6. Mother's Maiden Name, " " Binkath

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo R. Walter

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. M. Huntley
22 Edmondson Ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Jan. 31st 85

4. Place of Birth, (Street and Number)

#6 Williamson av.

5. Full Name of Mother,

Margaret Miller

6. Mother's Maiden Name,

Feety

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Miller

9. Father's Occupation,

Cigar maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Hood

Address,

#328 J. Eustace St.

Remarks,

For each effluence to be recovered as other flues and fortifures are recovered.

RETURN OF A BIRTH 77200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan 31 1885

4. Place of Birth, (Street and Number) 44 Petard St

5. Full Name of Mother, Maria Kachline

6. Mother's Maiden Name, Wimmer

7. Mother's Birthplace, Kussia Canada St

8. Full Name of Father, Henry Kachline

9. Father's Occupation, Dr. Sealer

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return, Mary Wood

Address, 328 F. Eason St

Remarks,

For each offence to be recovered an officer dues and arrears are recoverable.

RETURN OF A BIRTH. 77206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *31 day of January*

4. Place of Birth, (Street and Number) *159 Madairy Alley*

5. Full Name of Mother, *Kate Merryman*

6. Mother's Maiden Name, *Kate Steinmetz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Wilson Merryman*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr Wiley*

Address, *No 12 Patterson Park av*

Remarks,

RETURN OF A BIRTH. 77207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

One Child

Female

Color

Jan 81 / 1888

St. 1 Shuler St

Terina Medley

Terina Gaudin

Eastern Shore

John Medley

Boatman

Eastern Shore

Dr. J. H. Gaudin

13. Crocker St

RETURN OF A BIRTH 7/208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

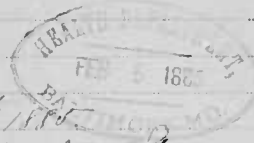
Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Female
White



January 26 1887
1536 N Washington St.

Mary Merrick
Carroll
Baltimore

Robert Merrick
Book Agent
Baltimore

S. E. Co. Cager & Caroline St.

RETURN OF A BIRTH 77209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *December 30th 1881*
Place of Birth, (Street and Number) *39 Charles St. Ave.*
Full Name of Mother, *Wassella Wassukheim*
Mother's Maiden Name, *Wassukheim*
Mother's Birthplace, *Baltimore*
Full Name of Father, *Benjamin Wassukheim*
Father's Occupation, *Attorney at Law*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *S. H. Seldus M. D.*
Address, *S. O. Cox Eager & Caroline Sts.*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Color

Date of Birth, December the 31st 1880

Place of Birth, (Street and Number) Leadernhall St 80

Full Name of Mother, Hellen Miller

Mother's Maiden Name, campbell

Mother's Birthplace, Balto

Full Name of Father, George Miller

Father's Occupation, single

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, A Wilson

Address, Howard St 314

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan'y 1st 1885

4. Place of Birth, (Street and Number)

39 Williamson St.

5. Full Name of Mother,

Ella Tillman

6. Mother's Maiden Name,

Laurend

7. Mother's Birthplace,

B. City

8. Full Name of Father,

William Tillman

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Ind

Name of Medical Attendant,

or other Person who makes this Return

Mary Smith

Address,

Harpers Court

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1855
Feb 21st 1855
No 359 N Sharp St.
Gladys L. Jay
Charles L. Jay
Carpenter
390 Hanover St.
George W. one of the above being lost after an age of four days in case of necrosis.

for each offence to be recovered as other rules and regulations may require.

RETURN OF A BIRTH 77214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1 of February*
4. Place of Birth, (Street and Number) *Baltimore County*
5. Full Name of Mother, *Lizzie Tink*
6. Mother's Maiden Name, = *Reitz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Tink*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baravia Penn*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. Behrman*
- Address, *424 Lancaster St. (Canton)*
- Remarks,

for each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balto Feb 1st 1885*

4. Place of Birth, (Street and Number) *118 Eastern Ave.*

5. Full Name of Mother, *Heatie Kruger*

6. Mother's Maiden Name, *Heatie Meyer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Louis Kruger*

9. Father's Occupation, *Molder*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Inwood*

Address, *112 South Wolfe St.*

Remarks, *HP*



RETURN OF A BIRTH. 77316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth

Feb. 1

4. Place of Birth, (Street and Number)

Baltimore Spring Garden St. No. 114

5. Full Name of Mother,

Theresa J. Singlet

6. Mother's Maiden Name,

Theresa J. Singlet

7. Mother's Birthplace,

London, England

8. Full Name of Father,

James Singlet

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return.

Mike Cross

Address,

No. 12, Spring Garden Alley

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 77217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each entrance to be entered as other than white race and color

City Printers and Stationers.

RETURN OF A BIRTH.

77218

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 14

4. Place of Birth (Street and Number)

James Alley 34

5. Full Name of Mother

Emma Wells

6. Mother's Maiden Name

Emma Baker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Wells

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Wells

Address

134 Hamburg

Remarks

Strong well

RETURN OF A BIRTH 77219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, Feb 1st 1885
 Place of Birth, (Street and Number) Be city 124 Crown St
 Full Name of Mother, Katie W Henderson
 Mother's Maiden Name, Panday
 Mother's Birthplace, Be city
 Full Name of Father, Joseph E. Henderson
 Father's Occupation, Sales man
 Father's Birthplace, Be city
 Name of Medical Attendant, or other Person who makes this Return M. H. Davenport
 Address, 194 Crown St
 Remarks, Child has deformity of mouth
 Well after birth & mother doing well

RETURN OF A BIRTH

47220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 1st 1885

4. Place of Birth, (Street and Number)

Townsend near Port Ave.

5. Full Name of Mother,

Eveline Dyer.

6. Mother's Maiden Name,

Eveline Madril

7. Mother's Birthplace,

Amesbury, Mass.

8. Full Name of Father,

John D. Dyer.

9. Father's Occupation,

Labourer.

10. Father's Birthplace,

Long Island N.Y.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ettel

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

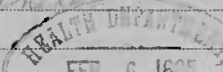
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 77222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 14 1886

4. Place of Birth, (Street and Number) 30 Parikh St

5. Full Name of Mother, Jane Harmon

6. Mother's Maiden Name, Jane Minkin

7. Mother's Birthplace, Pa

8. Full Name of Father, Mr Harmon

9. Father's Occupation, Laborer

10. Father's Birthplace, Bucks Md

Name of Medical Attendant, or other Person who makes this Return, Jane Woodland

Address, Midway 16 Bonnet St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of February 1885*

4. Place of Birth, (Street and Number) *97 ~~Marble~~ Marbleton St*

5. Full Name of Mother, *Martha Wooden*

6. Mother's Maiden Name, *" Robinson*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William C Wooden*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore do*

Name of Medical Attendant, or other Person who makes this Return *Mrs M E Hurley*

Address, *99 N Eden St*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) of light color

3. Date of Birth 1. Feb, 1883

4. Place of Birth, (Street and Number) 367 West St

5. Full Name of Mother, Delorah Longlass

6. Mother's Maiden Name, Delorah Jones

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Longlass

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Abilla Brooks.

Address, 210 Warner St Between Cross & West

Remarks, Doing well



for each office to be recovered as other files and inclosures are recoverable.

CERTIFICATE CORRECTED 12-29-49
RETURN OF A BIRTH. 77225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *August F. Burkhardt*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Boy
White

Feb. 7 1885

No 186 Eastern ave

Anne Burkhardt

Anne Grumick

German
John Burkhardt

labor

Germany
Fredericka Kaufmann

No 202 1 Miller St

Midwife

RETURN OF A BIRTH 77226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 1st 1885.

4. Place of Birth, (Street and Number)

14 S. Fremont St

5. Full Name of Mother,

Elizabeth May Rogers

6. Mother's Maiden Name,

Elizabeth May Hunter

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

William Charles Rogers

9. Father's Occupation,

Furniture remover

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

2143 Bayview St

Remarks,

RETURN OF A BIRTH 77227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 Feb

4. Place of Birth, (Street and Number) 145 A. Hemmick

5. Full Name of Mother, Mary Pierce

6. Mother's Maiden Name, Glossy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mike Pierce

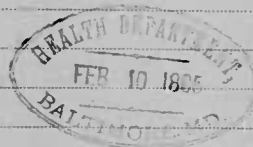
9. Father's Occupation, Sea driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,



RETURN OF A BIRTH, 77228

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth February 2^d 1885

4. Place of Birth, (Street and Number) 51 Calhoun St.

5. Full Name of Mother Barbara Smolegel,

6. Mother's Maiden Name " Ventzke.

7. Mother's Birthplace Bavaria,

8. Full Name of Father John Ventzke,

9. Father's Occupation Sailor,

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address 5 Franklin St.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

2nd February

4. Place of Birth, (Street and Number)

No 156 Alexander St

5. Full Name of Mother,

Therese Schmidt

6. Mother's Maiden Name,

Therese Blumen

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Henry Schmidt

9. Father's Occupation,

Booker

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Frederick Kaufmann

Address,

No 202 S. Dallas St

Remarks,

Hebrenore

RETURN OF A BIRTH, 77230

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 24th

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 2nd 1885

4. Place of Birth, (Street and Number)

74 + 76. Thamel St.

5. Full Name of Mother

Rosa Struwn

6. Mother's Maiden Name

Rosa Klaus

7. Mother's Birthplace

Baltimore City Md.

8. Full Name of Father

Nicholas Struwn

9. Father's Occupation

Grocer

10. Father's Birthplace

Bremen, Germany

☒ One of Medical Attendant, or other Person who makes this Return.

Nicholas L. Dashiell

Address

207 S. Broadway

Remarks

RETURN OF A BIRTH.

77231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1st 3rd P.M. 2nd February, 1885.*
4. Place of Birth (Street and Number) *182 St. Gay St cor of Eager*
5. Full Name of Mother *Sarah Ann Albert*
6. Mother's Maiden Name *Sarah Ann McPhail*
7. Mother's Birthplace *Baltimore City Maryland.*
8. Full Name of Father *William Albert*
9. Father's Occupation *Saloon Keeper*
10. Father's Birthplace *Baltimore County, Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *Thos J. Walsh M.D.*
- Address *236 N. Howard St*
- Remarks

RETURN OF A BIRTH 77232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 2nd 1885

4. Place of Birth, (Street and Number) 216 Park Ave

5. Full Name of Mother, Mary Ella Owens

6. Mother's Maiden Name, Mary Ella Masella

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James V. Owens

9. Father's Occupation, Confectioner

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Geo. B. Reynolds

Address, 171 N. Calvert

Remarks,

RETURN OF A BIRTH 772313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 2nd 1885

4. Place of Birth, (Street and Number) 248 N. Howard

5. Full Name of Mother, Agnes Weber

6. Mother's Maiden Name, Agnes Blodine

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Weber

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto County, Md

Name of Medical Attendant, or other Person who makes this Return, Geo. B. Synnott

Address, 171 N. Calvert St

Remarks,

RETURN OF A BIRTH 77234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd February

4. Place of Birth, (Street and Number) 409 Little Alice Anna St

5. Full Name of Mother, Mary Wagener

6. Mother's Maiden Name, = Seitz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Wagener

9. Father's Occupation, Labeln

10. Father's Birthplace, Bavaria Germ

Name of Medical Attendant, or other Person who makes this Return, Mrs E. Behnken

Address, 434 Lancaster St. Canton

Remarks,

RETURN OF A BIRTH.

77235

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 2th 1885

4. Place of Birth (Street and Number)

No 177 of Chester St.

5. Full Name of Mother

Mary Gipa

6. Mother's Maiden Name

Mary Pazouck

7. Mother's Birthplace

Bohemia

8. Full Name of Father

Johnas Gipa

9. Father's Occupation

Laborer

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Kateryna Pazouck

Address

No 41 Abbott St

Remarks

Born Live

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2 Second of February 1884*
4. Place of Birth, (Street and Number) *14 1/2 N. West Mer. Kennedy St*
5. Full Name of Mother, *Mrs Mary Allison*
6. Mother's Maiden Name, *Miss Mary Thompson*
7. Mother's Birthplace, *Born Portland Maine*
8. Full Name of Father, *Mrs William Allison*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Born Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Keller*
- Address, *1017 West Pratt St City*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *510*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *July 2/85*

4. Place of Birth, (Street and Number) *N. E. Cor. Ann and Broad*

5. Full Name of Mother, *Christina Becker*

6. Mother's Maiden Name, *Risch*

7. Mother's Birthplace, *Bald City*

8. Full Name of Father, *Louis Becker*

9. Father's Occupation, *Pharmacist*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *J. G. Winters*

Address, *77 W. Broadway*

Remarks,

RETURN OF A BIRTH 77238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) White

Date of Birth, 2 Februar

Place of Birth, (Street and Number) 288 Durham Street

Full Name of Mother, Marie Buduwal

Mother's Maiden Name, Karl Weber

Mother's Birthplace, Nabel Germany

Full Name of Father, Karl Weber

Father's Occupation, ————

Father's Birthplace, Wongrowice

Name of Medical Attendant, or other Person who makes this Return Marie Gütthner

Address, 245 S. Wolfe Street.

Remarks, ————

RETURN OF A BIRTH⁷⁷²³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 2nd 1883*

4. Place of Birth, (Street and Number) *No 57 N. High*

5. Full Name of Mother, *Mary Brighoff*

6. Mother's Maiden Name, *Beck*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Brighoff*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *Superintendent Sinner*

Remarks, *No 70 Granby St.*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 77240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Feb 2 and 1885

35 James ally
Baltimore, Md

Schramm

America

Friedrich Schramm

Pharmacist

America

J. Schramm midwife

330 Hanover st.

RETURN OF A BIRTH 77241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8 Child*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 2d of February 1885*
4. Place of Birth, (Street and Number) *No 279 Central Ave*
5. Full Name of Mother, *Kate Tragerser*
6. Mother's Maiden Name, *Kate Summers*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Tragerser*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this return. *Mrs C W Lauer*
Address, *No 123 Harford Ave*
Remarks, *Baltimore Md*
1885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 2. 1885

4. Place of Birth, (Street and Number)

17 Vincent St

5. Full Name of Mother,

Sarah Jane Mitchell

6. Mother's Maiden Name,

Sarah Jane Mitchell

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Henry Thomas

9. Father's Occupation,

10. Father's Birthplace,

MD

Name of Medical Attendant, or other Person who makes this Return.

Jane Woodland

Address,

MD Wife of H. Thomas

Remarks,

RETURN OF A BIRTH

772413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Frank C. Ackermann*
of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*

Sex. ☒ Male ☐ Female

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

Feb 7th 1885

44 Cole St

Anne K Ackermann

Annie K Bingold

Germany

Conrad Ackermann

TAILOR

Germany

Miss Mary Ann Strasing

No 60 South Parrish St Baltimore

Mother and Child doing well

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

● Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan 4 1885*

4. Place of Birth, (Street and Number) *West St 190*

5. Full Name of Mother, *Mary Jane Barnett*

6. Mother's Maiden Name, *Mary Jane Posit*

7. Mother's Birthplace, *Boston Mass. U.S.A.*

8. Full Name of Father, *William Barnett*

9. Father's Occupation, *laborer*

● Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Wilson*

Address, *454 Hughes St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 2nd 1885

4. Place of Birth, (Street and Number)

151 N. Fremont St.

5. Full Name of Mother,

Mrs. H.B.H. Andley.

6. Mother's Maiden Name,

Clara A. Reider

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Harry B. Handley.

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return,

Susan Hunter

Address,

2142 Pappellton St.

Remarks,

RETURN OF A BIRTH

77246

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

(state whether male or female) Female

or Color, (if not of the white race) "

te of Birth, Feb 3^d 88

ce of Birth, (Street and Number) 172 Primmont Ave

l Name of Mother, Anna H. Winter Knauß

ther's Maiden Name, " Winter

ther's Birthplace, Balt

l Name of Father, Henry Knauß

ther's Occupation, Laborer

ther's Birthplace, Germany

me of Medical Attendant, or other Person who makes this Return, Mrs. Gortzke

dress, 55 E. Bond St

marks,

RETURN OF A BIRTH 77247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *3rd July 1885*

4. Place of Birth, (Street and Number) *1 So. Elm St*

5. Full Name of Mother, *Elen Piddens*

6. Mother's Maiden Name, *Raymond*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Geo. S. Piddens*

9. Father's Occupation, *Conductor*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. H. S. Piddens
1 Waverley Place

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) M

2. Race or Color, (if not of the white race)

3. Date of Birth, July 3rd 88

4. Place of Birth, (Street and Number) 531 Hollins St

5. Full Name of Mother, Mary Eliza Michael

6. Mother's Maiden Name, " " Pries

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas E Michael

9. Father's Occupation, Carrier

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J M Huntley

Address, 22 Edmondson Ave

Remarks, Placenta previa

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

77249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 20/88

4. Place of Birth, (Street and Number)

22 S. Calver St

5. Full Name of Mother,

Anna R. Verleger

6. Mother's Maiden Name,

" " Diez

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis R. Verleger

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward A. Davis

Address,

27 Maryland St

Remarks,

RETURN OF A BIRTH ^{7/25/00}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Sarah Charlotte Browne*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb'y 3rd 1885*

4. Place of Birth, (Street and Number) *212 1/2 W. Calvert*

5. Full Name of Mother, *Sarah (Leticia) Browne*

6. Mother's Maiden Name, *McCormick*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Horace B. (Brown) Browne*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Geo. O. Reynolds*

Address, *171 W. Calvert St*

Remarks,

RETURN OF A BIRTH. 77251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth February 3, 1885

4. Place of Birth, (Street and Number) Lee St 31

5. Full Name of Mother, Ida Mary Brucher

6. Mother's Maiden Name, Ida Mary Layman

7. Mother's Birthplace, Friedrichs City, Md

8. Full Name of Father, William Henry Brucher

9. Father's Occupation, Cart Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppleton St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

2. 3. 85.

4. Place of Birth, (Street and Number)

59 George St

5. Full Name of Mother,

Anna Jones

6. Mother's Maiden Name,

Watts

7. Mother's Birthplace,

Balls Blk.

8. Full Name of Father,

Geo. Paul Jones

9. Father's Occupation,

Currier -

10. Father's Birthplace,

Alex. Va.

Name of Medical Attendant, or other Person who makes this Return

Henry M. Caspary

Address,

349 Lexington St

Remarks,

Natural

Any person or persons who shall be guilty of furnishing false information or of making a false statement in this return, shall be liable to a fine of not less than \$10 nor more than \$50, and to imprisonment for not less than 10 days nor more than 30 days.

RETURN OF A BIRTH 77250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 of February

4. Place of Birth, (Street and Number) 44 Hook's st Locust Point

5. Full Name of Mother, Miss McCartney

6. Mother's Maiden Name, Annie Sweeney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Dennis McCartney

9. Father's Occupation, Labor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. L. L.

Address, No 13 Cuba St

Remarks,

RETURN OF A BIRTH 77251

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, February 2nd 1885.

Place of Birth, (Street and Number) No 37 Hamburg St.

Full Name of Mother, Lavinia Hancock

Mother's Maiden Name, Lavinia Parks

Mother's Birthplace, Baltimore

Full Name of Father, Thomas Hancock

Father's Occupation, Lock Smith

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Fleming

Address, No 18 Egid St

Remarks,

RETURN OF A BIRTH 77255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2d

Female

White

Feb 3d

164 Park Ave.

Lisa B. Hughes

Lisa B. Whitaker

Boston - Mass.

Wm. L. Hughes

Carrier

Baltimore

Dr. J. H. Williams

1012 Cathedral St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *Feb wednesday 3*

4. Place of Birth, (Street and Number) *246 goodmans ally*

5. Full Name of Mother, *janie dennis*

6. Mother's Maiden Name, *janie pernell*

7. Mother's Birthplace, *snow hill Md*

8. Full Name of Father, *james pernell*

9. Father's Occupation, *sailor*

10. Father's Birthplace, *snow hill Md*

Name of Medical Attendant, or other Person who makes this Return. *none at all*

Address, *155 West St 90 goodmans ally*

Remarks, *dianne camphor*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 3rd 1885

4. Place of Birth, (Street and Number)

275 Arzyle Ave

5. Full Name of Mother,

Marietta Kraft

6. Mother's Maiden Name,

Addison

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Edwin S. Kraft

9. Father's Occupation,

Painter

10. Father's Birthplace,

Howard County Maryland

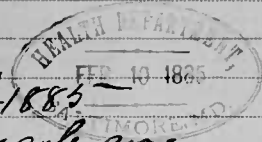
Name of Medical Attendant, or other Person who makes this Return.

Gas. Edmonds M.D.

Address,

47 Edmondson Ave

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 3d. 1885

4. Place of Birth, (Street and Number)

17 E. Lombard Street

5. Full Name of Mother,

Minnie Long

6. Mother's Maiden Name,

Reynolds

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Long

9. Father's Occupation,

varnisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

James E. Whitford M.D.

Address,

1195 - Niagara Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 3. 1885

4. Place of Birth, (Street and Number)

176 N. Arling Ton Ave

5. Full Name of Mother,

Lennie M. Muller

6. Mother's Maiden Name,

Bartholow

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robt. H. Muller

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Thomas O'Brien

Address,

179 N. Howard St.

Remarks,

RETURN OF A BIRTH ⁷⁷²⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

3 Feb

4. Place of Birth, (Street and Number)

33 Albemarle

5. Full Name of Mother,

Bertha Rotchfort

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Rotchfort

9. Father's Occupation,

Ice-driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

2. E. Lombard

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 Feb

4. Place of Birth, (Street and Number)

62 Baltimore

5. Full Name of Mother,

Mary Korren

6. Mother's Maiden Name,

Wealeh

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Korren

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Baltimore

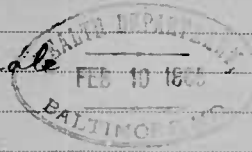
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22 E. Lombard

Remarks,



RETURN OF A BIRTH.

77262

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 4th 1885

4. Place of Birth (Street and Number)

2194 Bank St.

5. Full Name of Mother

Kate Lohmiller

6. Mother's Maiden Name

Kate De Paep

7. Mother's Birthplace

Baltimore City, Md.

8. Full Name of Father

Dietrich Lohmiller

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

John H. Lehberger, M.D.

Address

243 Tree Avenue

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *16th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 4, 1883

4. Place of Birth, (Street and Number)

313 1/2 St

5. Full Name of Mother,

Sigge Ott

6. Mother's Maiden Name,

Samner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Ott

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Wiley

Address,

4012 Patterson Park

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th St.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

July 4th 1885

4. Place of Birth, (Street and Number)

N. Y. Caroline

5. Full Name of Mother,

Elizabeth Reed

6. Mother's Maiden Name,

Dusherman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. L. Reed

9. Father's Occupation,

Book Dealer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

J. L. Martin
J. S. Dively

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th 1885

4. Place of Birth, (Street and Number)

No 1 Malden St

5. Full Name of Mother,

Mary Randall

6. Mother's Maiden Name,

"Germany"

7. Mother's Birthplace,

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Amelia Lange

Address,

426 Green St

Remarks,

Amelia Lange



RETURN OF A BIRTH 77366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 10 1865

4. Place of Birth, (Street and Number)

No 1 Maldives St

5. Full Name of Mother,

Mary Handlan

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Frederic L. Lanza

Address,

424 Cross St

Remarks,

Amelia Range

RETURN OF A BIRTH. 77267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 4th 1885

4. Place of Birth, (Street and Number)

176 Saratoga St.

5. Full Name of Mother,

Elizabeth Dorothea Matilda Daniels

6. Mother's Maiden Name,

Elizabeth Dorothea Matilda v.d. Witten

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John Benjamin Daniels

9. Father's Occupation,

Physician

10. Father's Birthplace,

Duffield, W. Virginia.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. Maennel, Midwife.

Address,

228 Saratoga St. Balto.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 77269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

8th Child
Female
FEB 1895

FEB 4 1895

206 95 Allen St

Caroline Zimmerman

Gutz

Admoria

Herrman Zimmerman

Shoemaker

Germany

J. Schwartz midwife

336 Hanover St.

RETURN OF A BIRTH 7/2/70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1. 1899
4. Place of Birth, (Street and Number) Crocker St. No. 70
5. Full Name of Mother, Mary Connelley
6. Mother's Maiden Name, Mary Gardner
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Connelley
9. Father's Occupation, Gardner
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, W. C. H.
- Address, No. 13 Cuba St.
- Remarks,

RETURN OF A BIRTH 77571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 14 / 1877

4. Place of Birth, (Street and Number)

25 Bond St

5. Full Name of Mother,

Martha Brown

6. Mother's Maiden Name,

Martha Woodland

7. Mother's Birthplace,

St Mary's Co Md

8. Full Name of Father,

Alfred Brown

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Md

Name of Medical Attendant, or other Person who makes this Return.

James Woodland

Address,

Midwife 16 Bond St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Color

Date of Birth, February 12

Place of Birth, (Street and Number) West Street 188

Full Name of Mother, Susan Wilson

Mother's Maiden Name, Susan Jackson

Mother's Birthplace, Andril County

Full Name of Father, Edward Wilson

Father's Occupation, Iron & Art

Father's Birthplace, Andril County

Name of Medical Attendant, or other Person who makes this Return She had no medical doctor

Address,

Remarks,

Susan Butler 226 West Street Baltimore Md.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

9 February 1895

4. Place of Birth, (Street and Number)

land st 221

5. Full Name of Mother,

Ida Roberts

6. Mother's Maiden Name,

Ida Andrews

7. Mother's Birthplace,

Dorchester Co

8. Full Name of Father,

Oliver Roberts

9. Father's Occupation,

grocer shipchandier

10. Father's Birthplace,

Dorchester Co

Name of Medical Attendant,

or other Person who makes this Return

Mrs Hannah Thomas

Address,

130 S Caroline St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 12 1895

4. Place of Birth, (Street and Number)

1898 Bond Street Baltimore

5. Full Name of Mother,

Hannah Agnes Jordan

6. Mother's Maiden Name,

Ortiz

7. Mother's Birthplace,

Port Deposit

8. Full Name of Father,

John Thomas Jordan

9. Father's Occupation,

Ship Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hannah Jordan

Address,

126 S. Caroline St.

Remarks,

RETURN OF A BIRTH 77275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 26, 1885

4. Place of Birth, (Street and Number) E. Fayette St. No. 267

5. Full Name of Mother, Francisca Paulig

6. Mother's Maiden Name, Francisca Marshall

7. Mother's Birthplace, Balt^{ic} City

8. Full Name of Father, John Paulig

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt^{ic} City

Name of Medical Attendant, or other Person who makes this Return, Harry E. Miller

Address, Dallas St. No. 26

Remarks,

RETURN OF A BIRTH 77276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 4th 1886*

4. Place of Birth, (Street and Number) *Baltimore Cross St N^o. 529*

5. Full Name of Mother, *Annie Thomas*

6. Mother's Maiden Name, *" Loues.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Thomas*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. C. Mitchell*

Address, *N^o. 54 Schroder.*

Remarks,

RETURN OF A BIRTH 77277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4th 1885

4. Place of Birth, (Street and Number) Baltimore Lemon St No. 211

5. Full Name of Mother, Ada Grey

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, Frederick

8. Full Name of Father, William Grey

9. Father's Occupation, Moulder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Mitchell

Address, No. 54 Schroder St.

Remarks,

RETURN OF A BIRTH 7727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4 of February 1885*
4. Place of Birth, (Street and Number) *196 Lexington st.*
5. Full Name of Mother, *Mary Miller*
6. Mother's Maiden Name, *Mary O'Brien*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Wm J. O'Brien*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Norfolk, Va.*
Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*
Address, *21 No Poppleton St*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st

Female

White

Feb 11

No 233 N. Dallas st City

Dora Kirwan

Dora Stehn

Germany

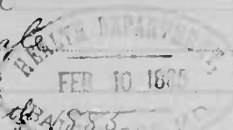
John Kirwan

Captain of an Oyster Pungy

Baltimore City

Mrs Caroline Miller

No 5 Walker st



To a list of ten dollars for each child, to be received by the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 77280

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, (Ec.) 4th

Sex, ☒ is whether male or female

Race or Color, (if not of the white race)

Date of Birth, February 5th 1885

Place of Birth, (Street and Number) 128 N. Bond St.

Full Name of Mother, Francis S. Maguire's

Mother's Maiden Name, " " Godfrey

Mother's Birthplace, Baltimore City

Full Name of Father, James Maguire's

Father's Occupation, Printer

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Wm. S. Russell

Address, 238 N. Broadway

Remarks,

114

RETURN OF A BIRTH

77281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd (confinement)

1. Sex, (state whether male or female)

2 female & one male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 2nd 1880

4. Place of Birth, (Street and Number)

165 So. Paca St

5. Full Name of Mother,

Cecilia S. Cromwell

6. Mother's Maiden Name,

Warfield

7. Mother's Birthplace,

City

8. Full Name of Father,

Adriek S. Cromwell

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

A A A A A

Name of Medical Attendant, or other Person who makes this Return,

Dr. D. B. L. L. L.

Address,

188 S Paca St

Remarks,

Mrs. C. gave birth to triplets the first born being a male followed rapidly by 2 girls.

For each affiance to be recovered as other fees and disbursements are recovered.

City Printers and Stationers.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

77282

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Feb 5 1885

Place of Birth, (Street and Number) 44 Hughes St.

Full Name of Mother, Catharine Hanna

Mother's Maiden Name, Glass

Mother's Birthplace, Germany

Full Name of Father, James P. Hanna

Father's Occupation, Laborer

Father's Birthplace, Pittsburg

Name of Medical Attendant, or other Person who makes this Return, Wm. Lombosough

Address, 220 Montgomery St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

77284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

Sex, (state whether male or female)

Male.

Race or Color, (if not of the white race)

White.

Date of Birth,

Feb. 5, 1885.

Place of Birth, (Street and Number)

294 N. Howard St.

Full Name of Mother,

Annie W. Drummond.

Mother's Maiden Name,

" Lindsay.

Mother's Birthplace,

Worcester Co. Md.

Full Name of Father,

David W. Drummond.

Father's Occupation,

Salveman.

Father's Birthplace,

Worcester Co. Md.

Name of Medical Attendant, or other Person who makes this Return

O. Edw. Jazany, M.D.

Address,

242 N. Eutam St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

No 24 East Eager St

4. Place of Birth, (Street and Number)

The 5 1/2 of February 1885

5. Full Name of Mother,

Lizzie Dummer

6. Mother's Maiden Name,

Lizzie Witkamp

7. Mother's Birthplace,

Little York Pa

8. Full Name of Father,

Howard Dummer

9. Father's Occupation,

Railroader

10. Father's Birthplace,

Little York Pa

Name of Medical Attendant, or other Person who makes this Return.

Mrs C H Lauer

Address,

No 113 Hayford Ave

Remarks,

Baltimore Md

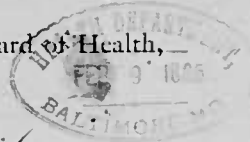
1885

RETURN OF A BIRTH.

77286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

February 5

4. Place of Birth (Street and Number)

39 Stockholm St

5. Full Name of Mother

Rachel Johnson

6. Mother's Maiden Name

Rachel Armstrong

7. Mother's Birthplace

Harford county

8. Full Name of Father

Archie Johnson

9. Father's Occupation

Storekeeper

10. Father's Birthplace

Harford county

Name of Medical Attendant, or other Person who makes this return

Address

Marjory M. Boyden

Remarks

616 7 Stockholm St

RETURN OF A BIRTH, 77287

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. 7th Child of Mother, (state whether 1st, 2d, 3d, &c.) female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth Feb 5th

4. Place of Birth, (Street and Number) 272 E. Eager cor Gay

5. Full Name of Mother Delia Scherf

6. Mother's Maiden Name Delia McLaughlin

7. Mother's Birthplace Ireland

8. Full Name of Father Charles R. Scherf

9. Father's Occupation Cigar Manuf.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Kate Lananian

Address 376 Mc Donough

Remarks Doing well

RETURN OF A BIRTH 77288

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

Feb. 5, 1885

Place of Birth, (Street and Number)

405 E. Balt. St.

Full Name of Mother,

Ida France,

Mother's Maiden Name,

Ida Bullimore

Mother's Birthplace,

Balt. Md.

Full Name of Father,

Jacob France Jr.

Father's Occupation,

Salesman

Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

G. G. Lusk M. D.

Address,

392 E. Balt. St.

Remarks,

Paternal

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 5th 1885

4. Place of Birth, (Street and Number)

211 Lakeside St. Saint Point

5. Full Name of Mother,

Catharine Müller

6. Mother's Maiden Name,

Catharine Kaunertine

7. Mother's Birthplace,

Sulzbach 1/2 yam Germany

8. Full Name of Father,

Wesley J. Müller

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Wurmberg Germany

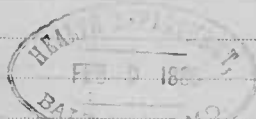
Name of Medical Attendant, or other Person who makes this Return

Eliz. K. Schaffer

Address,

Cor. Fort Ave. & Tension St. Saint Point

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *Feb. 5th 1885*
Place of Birth, (Street and Number) *Baltimore Pratt St. N^o. 611*
Full Name of Mother, *Annie Cleary*
Mother's Maiden Name, *M^{rs}. J. J. Intire*
Mother's Birthplace, *Ireland*
Full Name of Father, *Michel Cleary*
Father's Occupation, *Painter*
Father's Birthplace, *Ireland*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. C. Mitchell*
Address, *N^o. 54 Schroder St*
Remarks,

RETURN OF A BIRTH 77291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 5th 1885
4. Place of Birth, (Street and Number) Baltimore Parkinst N^o. 94
5. Full Name of Mother, Matilda Iron
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Iron
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Mitchell
Address, N^o. 54 Schroder St.
Remarks,

RETURN OF A BIRTH ⁷⁷²⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 5 - th 1885

4. Place of Birth, (Street and Number) Baltimore Amity St No 64

5. Full Name of Mother, Bridget Fleming

6. Mother's Maiden Name, Boden

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Fleming

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Mitchell

Address, No. 54 Schroder St

Remarks,

77296

BALTIMORE CITY.

Fifth

Female

White

February 6th '83

720 Co. Pratt IX

mainline names

Alveta Broquedier

Mr. Alvin Lloyd

City of Baltimore

Robert Lloyd

Mechanics

John H. Cady

H. O. N. Lamy Ph

(Gravino)

Natural & crossed presentations

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st
1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. W. W. Wrennely, Midwife,

218 Saratoga str. Balto.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d. Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 26, 1885*

4. Place of Birth, (Street and Number) *16 Caroline St.*

5. Full Name of Mother, *Caroline Lange*

6. Mother's Maiden Name, *Caroline Reichert*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Hermann Lange*

9. Father's Occupation, *Butcher*

Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Miller*

Address, *1326 Dallas St.*

Remarks,

1111

RETURN OF A BIRTH 77296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6th of February 1885*

4. Place of Birth, (Street and Number) *2617 East Calver Street*

5. Full Name of Mother, *Jessie Paul*

6. Mother's Maiden Name, *Jessie Brinkley*

7. Mother's Birthplace, *West Minister Kent county*

8. Full Name of Father, *William Brinkley*

9. Father's Occupation, *Cane maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street for time Kunkel*

Remarks, *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Negrotto.

3. Date of Birth.

Feb. 6. 1885.

4. Place of Birth, (Street and Number)

5 Greenwillow Ct.

5. Full Name of Mother,

Mary Francis Hawkins.

6. Mother's Maiden Name,

Mary Francis Sullivan

7. Mother's Birthplace,

Supposed to be Anne Arundel County Md.

8. Full Name of Father,

Ed. Andre Hawkins

9. Father's Occupation,

Porter

10. Father's Birthplace,

Mexico.

Name of Medical Attendant,

or other Person who makes this Return

Geo. C. Shannon M.D.

Address,

167² H. Biddle St. W. Eutaw

Remarks,

NOTICE

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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH 77298

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 58

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 16 1885

Place of Birth, (Street and Number)

Catharine St. Wilson Street, City

Full Name of Mother,

Catharine Ross

Mother's Maiden Name,

Mother's Birthplace,

Ireland

Full Name of Father,

Patrick Ross

Father's Occupation,

George Master

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Chas E. Satterlin

Address,

565 North St.

Remarks,

RETURN OF A BIRTH 77299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 6/88

4. Place of Birth, (Street and Number)

315 Laurels

5. Full Name of Mother,

Mary V. Grasty

6. Mother's Maiden Name,

" " Lowenbach

7. Mother's Birthplace,

Iowa

8. Full Name of Father,

F. A. Grasty

9. Father's Occupation,

Telegraph Operator

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 N. Howard

Remarks,

RETURN OF A BIRTH 77300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 Feb

4. Place of Birth, (Street and Number) 2. Glenmin

5. Full Name of Mother, Rotgala Conrad

6. Mother's Maiden Name, Reven

7. Mother's Birthplace, Italy

8. Full Name of Father, Simdona Conrad

9. Father's Occupation, Fruit dealer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard street

Remarks,



RETURN OF A BIRTH 77301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *February - 6 - 1880 -*
Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *Colomb.*
3. Date of Birth, *February - 6 - 1885 -*
4. Place of Birth, (Street and Number) *9 - Mc Elderry street -*
5. Full Name of Mother, *Mary Kell.*
6. Mother's Maiden Name, *Mary Jones -*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John. Kell.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mary Walker -*
Address, *No 15 - Better Street City*
Remarks,

RETURN OF A BIRTH 77302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Feb 7th 1881

4. Place of Birth, (Street and Number) No 72 Grady St

5. Full Name of Mother, Mary Kellecker

6. Mother's Maiden Name, " Joe

7. Mother's Birthplace, Balt.

8. Full Name of Father, George Kellecker

9. Father's Occupation, Painter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, 55 S. Bond St

Remarks,

RETURN OF A BIRTH 77303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH

77304

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *Cal*
Date of Birth, *Feb 7th 1885*
Place of Birth, (Street and Number) *No 329 S Hoffman St Balt*
Full Name of Mother, *Mary Francis Woods*
Mother's Maiden Name, *Mary Francis Heath*
Mother's Birthplace, *Balti*
Full Name of Father, *Frank Woods*
Father's Occupation, *Teamster*
Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return *James B. Russell*
Address, *No. 134. Paul. St. Balt.*
Remarks,

RETURN OF A BIRTH 77305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 of February 1883*
4. Place of Birth, (Street and Number) *359 East Jefferson Street*
5. Full Name of Mother, *Alice J. Schutt*
6. Mother's Maiden Name, *Alice J. Schutt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles H. Schutt*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Crescencia Kunkel*
Address, *44 North Chapel Street Baltimore*
Remarks, *Healthy*

NOTICE

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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

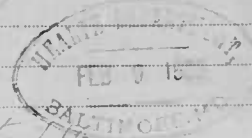
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷³⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 1st, 1885*

4. Place of Birth, (Street and Number), *W. Dallas St. 13 1/2*

5. Full Name of Mother, *Katharine Hennicks*

6. Mother's Maiden Name, *Katharine Knicker*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *James Hennicks*

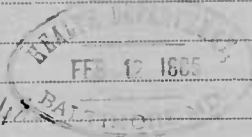
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *W. Dallas St. 13 1/2*

Remarks,



RETURN OF A BIRTH 77308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

February 7-1885

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucas.

3. Date of Birth,

February 7-1885

4. Place of Birth, (Street and Number)

9- Northkin street

5. Full Name of Mother,

Jane Cooper

6. Mother's Maiden Name,

Jane Dickson

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

William Cooper

9. Father's Occupation,

Labour

Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Marz Walker

Address,

No 15 Bethel street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 8th 1883

4. Place of Birth, (Street and Number)

873 Lafayette Avenue

5. Full Name of Mother,

May E. Rhodes

6. Mother's Maiden Name,

May E. McHenry

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles W. Rhodes

9. Father's Occupation,

Clerk

Father's Birthplace,

Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return.

A. J. Bell M.D.

Address,

234 Madison Avenue

Remarks,

Baltimore Md

RETURN OF A BIRTH.

77311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

8th February 1883. A. M.

4. Place of Birth (Street and Number)

Parkton Park Av + Monument St.

5. Full Name of Mother

Mrs Bell Ozier

6. Mother's Maiden Name

Bell Bond.

7. Mother's Birthplace

Balto City -

8. Full Name of Father

Geo Ozier

9. Father's Occupation

10. Father's Birthplace

Balto City -

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. W. Lockhill, M.D.
23. S. Broadway.

RETURN OF A BIRTH 77312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
Name of Medical Attendant, or other Person who makes this Return, _____
Address, _____
Remarks, _____

RETURN OF A BIRTH 7/21/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of Feb. 1913
4. Place of Birth, (Street and Number) 114 - 10th St
5. Full Name of Mother, Mary Kemper
6. Mother's Maiden Name, Mary Garland
7. Mother's Birthplace, Balt
8. Full Name of Father, Charles Kemper
9. Father's Occupation, Farmer
10. Father's Birthplace, Balt
Name of Medical Attendant, or other Person who makes this Return, J. W. G. G. G.
Address, 114 - 10th St
Remarks,

RETURN OF A BIRTH. 77314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 28/5

4. Place of Birth, (Street and Number)

236 S. Dallas St

5. Full Name of Mother,

Mary Meier

6. Mother's Maiden Name,

Mary Lutz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charly Meier

9. Father's Occupation,

labor

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friedrich Kaufman

Address,

No. 202 S. Dallas St

Remarks,

Midwife

For each child to be recovered in full

RETURN OF A BIRTH.

77315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth 8^h 11^m A.M. 8th February, 1885.

4. Place of Birth (Street and Number) 76 Edmondson Avenue, Baltimore, Maryland.

5. Full Name of Mother Alice Rosabel Richardson

6. Mother's Maiden Name Kate Rosabel Morris

7. Mother's Birthplace Chester town, Kent County, Maryland.

8. Full Name of Father Richard Thomas Richardson

9. Father's Occupation Clerk

10. Father's Birthplace Anne Arundel County, Maryland.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Dimock, M.D.

Address

236 N. Howard St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 2d 1885

4. Place of Birth, (Street and Number)

229 Bolton St.

5. Full Name of Mother,

Betty B. Williams

6. Mother's Maiden Name,

Betty Bussey

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

J. J. Williams M.D.

9. Father's Occupation,

Virginia Dentist

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this return

John Cunningham M.D.

Address,

134 N. Carrollton St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH. 77318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

February 6th 1885

4. Place of Birth, (Street and Number)

123 W. Calvert St

5. Full Name of Mother,

Minnie E. Smith

6. Mother's Maiden Name,

Shreck

7. Mother's Birthplace,

Harford County Md

8. Full Name of Father,

James W. Smith

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

John Morris M.D.

Address, No 5 Franklin St.

Remarks,

for each offence to be recovered as other laws and regulations may require

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 6th 1885

4. Place of Birth, (Street and Number) 12 Scott St.

5. Full Name of Mother, Margaret F. Dunn

6. Mother's Maiden Name, Margaret F. Krager

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James A. Dunn

9. Father's Occupation, Drum Moulder

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return John D. Pennington M.D.

Address, 134 N. Carrollton St.

Remarks,

RETURN OF A BIRTH.

77320

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
 1. Sex (state whether male or female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *February 7th 1885*
 4. Place of Birth (Street and Number) *416 N. Strickland*
 5. Full Name of Mother *Isabell Kershaw*
 6. Mother's Maiden Name *Do Barnsley*
 7. Mother's Birthplace *Montgomery Co Md*
 8. Full Name of Father *Henry Kershaw*
 9. Father's Occupation *Blacksmith*
 10. Father's Birthplace *England*
 Name of Medical Attendant, or other Person who makes this Return. *Wm. G. W. Bush*
 Address *1409 N. Strickland*
 Remarks *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 7th 1885

4. Place of Birth, (Street and Number)

495 Franklin St.

5. Full Name of Mother,

Josephine Trainer

6. Mother's Maiden Name,

Josephine Wilson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frank J. Trainer

9. Father's Occupation,

Keeper of a Saloon

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

John Cunningham M.D.

Address,

134 N. Carroll St.

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth February 7th 1885

4. Place of Birth, (Street and Number) 115th St. Calvert St

5. Full Name of Mother, Lucia Thomas

6. Mother's Maiden Name, Stolpp

7. Mother's Birthplace, Baltimore - Md.

8. Full Name of Father, Charles C. Thomas

9. Father's Occupation, Freighter

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. John Momi, M.D.

Address, No 5 Franklin St

Remarks,

RETURN OF A BIRTH

77328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. second.*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February 8 - 1885.

4. Place of Birth, (Street and Number)

137. Camden St.

5. Full Name of Mother,

Sarah Brummel

6. Mother's Maiden Name,

Sarah Brandt

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Brummel

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. Kunigunda Schlifer

Address,

20 Columbia St

Remarks,

RETURN OF A BIRTH 77324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. Second*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 8-1885*

4. Place of Birth, (Street and Number) *244 Lexington St.*

5. Full Name of Mother, *Josephine Fisher*

6. Mother's Maiden Name, *Joseph. Blemmer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Bernhard Fisher*

9. Father's Occupation, *Confectioner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Rudolph S. Kiefer*

Address, *20 Columbia St*

Remarks,

RETURN OF A BIRTH. 77355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth February the 5th 1885

4. Place of Birth, (Street and Number) Baltimore Fort Ave No 218

5. Full Name of Mother, Maggie Harvey

6. Mother's Maiden Name, Collins

7. Mother's Birthplace, Portsmouth Va

8. Full Name of Father, Jack Harvey

9. Father's Occupation, labour

10. Father's Birthplace, Annapolis Co Md

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Kathan

Address, Charles St No 576

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d child

1. Sex, (state whether male or female)

boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 8 1885

4. Place of Birth, (Street and Number)

No. 203. S. Broadway

5. Full Name of Mother,

Maria Seitz

6. Mother's Maiden Name,

Maria Loges

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Seitz

9. Father's Occupation,

Hookster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. Kaufmann

Address,

No. 203. S. Dallas St

Remarks,

Midwife

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. 77327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. in child Girl

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth

Dec 8. 1887

4. Place of Birth, (Street and Number)

85 Front Street Baltimore

5. Full Name of Mother,

Annie Annan

6. Mother's Maiden Name,

Annie Granger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Annan

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. R. Galt

Address,

1228 N. E. St. Baltimore

Remarks,

M.D.

RETURN OF A BIRTH 77328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *February 8 1885*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *February 8 - 1885*

4. Place of Birth, (Street and Number) *No 1- Smiths Court*

5. Full Name of Mother, *Marianne Gibbs*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Anne Arundel County Md*

8. Full Name of Father, *No account for the Father*

9. Father's Occupation, *" "*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other Person who makes this Return, *Marry Walker*

Address, *No 16 Bethel street City*

Remarks,

RETURN OF A BIRTH. 77329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child born 4th boy

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth Feb 12 1885

4. Place of Birth, (Street and Number) 85 East Baltimore

5. Full Name of Mother, Annie Korman

6. Mother's Maiden Name, Annie Granger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Korman

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. B. Galanter

Address, 1228 N. Carroll St. Baltimore

Remarks, M.C.

RETURN OF A BIRTH

77330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 8th 1885

4. Place of Birth, (Street and Number) N. 8 Harmon Alley

5. Full Name of Mother, Clara Jacob

6. Mother's Maiden Name, " Walter

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry Jacob

9. Father's Occupation, Captain

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, N. 70 Grand St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 2nd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *The 8th February 1885*

4. Place of Birth, (Street and Number) *No 233 Chase Street*

5. Full Name of Mother, *Annis Gutzleben*

6. Mother's Maiden Name, *Annis Ebner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred Gutzleben*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm C. Lauer*

Address, *No 173 Maryland Ave*

Remarks, *Baltimore Md.*

1885

RETURN OF A BIRTH

77332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, ☒ whether male or female

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8th
Female

Feb. 8th 1885

167 Fairmount Ave.

Adeline Gustine

Price

Porte deposit Med.

John Gustine

Painter

Balt. Md.

Dr. H. K. K. D. D.

392 E. Balt. St.

Natural

RETURN OF A BIRTH

77333

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

white

Date of Birth,

Feb'y 8 - 1888

Place of Birth, (Street and Number)

165 Hillen

Full Name of Mother,

Mollie Littlestone

Mother's Maiden Name,

Mollie Hemick

Mother's Birthplace,

Germany

Full Name of Father,

Lewis Littlestone

Father's Occupation,

Tailor

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Daniel V. Moore MD

Address,

192 Aisquith St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 77334
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Feb 1885
4. Place of Birth (Street and Number) No 29 Little Church St
5. Full Name of Mother Mary Ann Schillingen
6. Mother's Maiden Name Lyons
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew Schillingen
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. Zeywell
- Address 68 Front Ave
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 85.

4. Place of Birth, (Street and Number) 72 1/2 George St

5. Full Name of Mother, Emma Michael

6. Mother's Maiden Name, Mahn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Michael

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas Opel M.D.

Address, 179 N. Howard St.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 77336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 May 1885

4. Place of Birth, (Street and Number) 15 2d Johnson St

5. Full Name of Mother, Mary A. Hays

6. Mother's Maiden Name, Mary Hays

7. Mother's Birthplace, Balt

8. Full Name of Father, John H. Hays

9. Father's Occupation, Engineer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Julian G. Hays

Address, 125 West St

Remarks,

RETURN OF A BIRTH. 77337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *February 9, 1885*

4. Place of Birth, (Street and Number) *No 582 Harford ave*

5. Full Name of Mother, *Francis C. Legare*

6. Mother's Maiden Name, *Francis C. Hubbard*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Chas. C. Legare*

9. Father's Occupation, *Watchman*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Aug. C. Clewell M.D.*

Address, *No 559 Harford ave.*

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

77338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, February 9, 1885

Place of Birth, (Street and Number) Thomas St. 1419

Full Name of Mother, Hilda Fries

Mother's Maiden Name, Hilda Friesen

Mother's Birthplace, Hage, H. Roussen, Germany

Full Name of Father, Jakob H. Fries

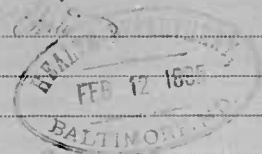
Father's Occupation, Laborer

Father's Birthplace, Hage, H. Roussen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 1212 N. 1st St.

Remarks,



for each affiance to be recovered as other files and for culture are recovered.

RETURN OF A BIRTH

77339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 12, 1885

4. Place of Birth, (Street and Number) Harrison St. 1428

5. Full Name of Mother, Lizzie Sachs

6. Mother's Maiden Name, Lizzie Jung

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Theodore Sachs

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Harry E. Miller

Address, 12 Dallas St. 1428

Remarks,

For each offense in being recovered as other files and signatures are recovered.

RETURN OF A BIRTH 77340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^a
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Coloured
3. Date of Birth, Feb 9th
4. Place of Birth, (Street and Number) #103. Dallas St.
5. Full Name of Mother, Lida Johnson.
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Balto. Mo.
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson
- Address, #14 Douglas Street.
- Remarks, _____

RETURN OF A BIRTH. ⁷⁷³⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 2^d child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *The 9th of February 1885*

4. Place of Birth, (Street and Number) *No 138 Central Ave*

5. Full Name of Mother, *Fredarika Feldpusch*

6. Mother's Maiden Name, *Fredarika Meardaga*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Feldpusch*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Marshall Lauer*

Address, *No 173 Harvard Ave*

Remarks, *Baltimore Md.*
1885

for each offence to be recovered as other laws

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

GIVEN NAME ADDED

430/60 7734/3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name:

Emma Blake Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

February 9th 1885

Place of Birth, (Street and Number)

No. 502. Denia Hill Avenue

Full Name of Mother,

Emma Blake

Mother's Maiden Name,

Emma Meyer

Mother's Birthplace,

Baltimore

Full Name of Father,

Engine Blake

Father's Occupation,

Merchant

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. C. Milson Jr. M.D.

Address,

146 Park Avenue

Remarks,



RETURN OF A BIRTH 77344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth, Feb 16th 1885

4. Place of Birth, (Street and Number) Belair Ave (outside limits)

5. Full Name of Mother, Kate Koerner

6. Mother's Maiden Name, " Blaine

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Koerner

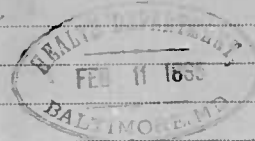
9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 55 S Bond St

Remarks,



RETURN OF A BIRTH, 77 34/5

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1885

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 10/85

4. Place of Birth, (Street and Number)

40 S. Fulton St

5. Full Name of Mother

Anna J. Light

6. Mother's Maiden Name

Campbell

7. Mother's Birthplace

Kennett

8. Full Name of Father

Rev Job Light

9. Father's Occupation

Clergyman

10. Father's Birthplace

Kennett

Name of Medical Attendant, or other Person who makes this Return.

H. R. Fetterhoff M.D.
205 W. Biddle St

Address

Remarks

RETURN OF A BIRTH

77346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Sept 11 1884
4. Place of Birth, (Street and Number)..... 111 1/2 E. Baltimore St
5. Full Name of Mother,..... Sarah Jones
6. Mother's Maiden Name,..... Sarah Jones
7. Mother's Birthplace,..... Balt
8. Full Name of Father,..... John Jones
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Balt
- Name of Medical Attendant, or other Person who makes this Return,..... Dr. Wm. A. ...
- Address,..... 111 1/2 E. Baltimore St
- Remarks,.....

RETURN OF A BIRTH 77347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 16th 1897

Place of Birth, (Street and Number)

441 Lexington St

Full Name of Mother,

Margaret Miller

Mother's Maiden Name,

Kraus

Mother's Birthplace,

Scot

Full Name of Father,

Henry Miller

Father's Occupation,

Iron Worker

Father's Birthplace,

Scot

Name of Medical Attendant, or other Person who makes this Return

Chas E Saddle

Address,

16 W. 11th St

Remarks,

RETURN OF A BIRTH 77348

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Feb. 10, 1888

Place of Birth, (Street and Number) 12 Bond St.

Full Name of Mother, Catherine Shanley

Mother's Maiden Name, Donnellan

Mother's Birthplace, Ireland

Full Name of Father, Michael Shanley

Father's Occupation, Carriage

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Shanley

Address, 220 Montgomery St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the second;*

1. Sex, (state whether male or female) *male.*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth *the 10th of Feb.*

4. Place of Birth, (Street and Number) *No 16 new st, Baltimore.*

5. Full Name of Mother, *Katie E. Buettner.*

6. Mother's Maiden Name, *Katie E. Wolf.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Conrad Buettner.*

9. Father's Occupation, *Baker.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. H. H.*

Address, *1528 N. Lincoln St Baltimore*

Remarks, *W.D.*

RETURN OF A BIRTH. 77350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Balt Feb 11 4 1885.

4. Place of Birth, (Street and Number) 5 Bondford Alley

5. Full Name of Mother, Louisa Roese

6. Mother's Maiden Name, Louisa Hoffman

7. Mother's Birthplace, America

8. Full Name of Father, Edward Roese

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return.

Address, 137 South Wolfe St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2nd 1885

4. Place of Birth, (Street and Number)

232 Baltimore Ave

5. Full Name of Mother,

Rebecca Lucett

6. Mother's Maiden Name,

" Mal

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Lucett

9. Father's Occupation,

Engineer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Reedley Cooke M.D.

Address,

116 Hanover St

Remarks,

For each address to be recovered as other data and fundatures are recoverable.

RETURN OF A BIRTH ⁷⁷³⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 4th 1885
4. Place of Birth, (Street and Number) 26 N. Frederick St.
5. Full Name of Mother, Anna de Louis or Kalla
6. Mother's Maiden Name, Kalla
7. Mother's Birthplace, Austria
8. Full Name of Father, Joseph Kraul
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Theodor de Louis
Address, This return made by the above Theodor de Louis who
Remarks, states he was married to Anna Kalla four months
ago and on above date gave birth to child of full term and
mother stated that Joseph Kraul was father of child



RETURN OF A BIRTH

77353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is 7th child*
 Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 5th 1885*
 4. Place of Birth, (Street and Number) *No. 86 South Carey*
 5. Full Name of Mother, *Lizzie Christopher*
 6. Mother's Maiden Name, *Lizzie Hammer*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Thomas James Christopher*
 9. Father's Occupation, *By Trade Plasterer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Susan Hunt*
 Address, *2140 Poppleton St.*
 Remarks,

For each addition to be recorded as other, place and date of birth and name of mother and father.

RETURN OF A BIRTH.

77354

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 5th 1885*

4. Place of Birth (Street and Number) *177 N. Giltner Av*

5. Full Name of Mother *Virginia R*

6. Mother's Maiden Name *Browder*

7. Mother's Birthplace *Oxford - Md*

8. Full Name of Father *James H. Mc Fee*

9. Father's Occupation *Commission Merchant*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return.

R. Mc. Goldsmith - M.D.

Address

Harbor av. & Calhoun St

Remarks



RETURN OF A BIRTH. 77355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

Third

Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth.....

Feb 8th 1885

4. Place of Birth, (Street and Number).....

65 Sunnyside St

5. Full Name of Mother,.....

Catherine E. Powell

6. Mother's Maiden Name,.....

Catherine E. Tucker

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

William Powell

9. Father's Occupation,.....

Surgeon

10. Father's Birthplace,.....

Baltimore

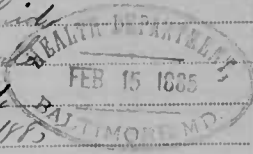
Name of Medical Attendant, or other Person who makes this Return.

Mr. N. A. Cottrell

Address,.....

" 28 Warren Ave

Remarks,.....



for each addition to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH ⁷⁷³⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

● Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 15 1887*

4. Place of Birth, (Street and Number) *220 Baltimore Ave*

5. Full Name of Mother, *Margaret A. Bergen*

6. Mother's Maiden Name, *" " " "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Rich. Bergen*

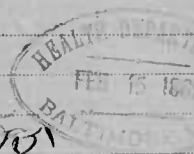
9. Father's Occupation, *Midnight*

● Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Wm. H. Cooper M.D.*

Address, *116 N. Avenue, St. Johns*

Remarks,



for each entry to be recovered as other fees and tolls are recoverable.

RETURN OF A BIRTH. 77357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *2-9-85*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Annie Williams*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Penna.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. *F. R. Jordan M.D.*

Address, _____

Remarks, _____

For each offence to be recovered as other laws and regulations are provided.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH, 77308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth

Mon Feb 9 1885

4. Place of Birth, (Street and Number)

215 11 Ferris St

5. Full Name of Mother

Emma Winder

6. Mother's Maiden Name

Emma Schmidt

7. Mother's Birthplace

Germany

8. Full Name of Father

Theodor Winder

9. Father's Occupation

Machinist

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. George Dole

Address

215 11 Ferris St

Remarks

RETURN OF A BIRTH ⁷⁷³⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 10, 1885

4. Place of Birth, (Street and Number) No 263 Hoffman St West

5. Full Name of Mother, Sallie Shaffer

6. Mother's Maiden Name, Sallie Skunk

7. Mother's Birthplace, New Windsor Maryland

8. Full Name of Father, George D. Shaffer

9. Father's Occupation, Business Member

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, B. P. Herriman M.D.

Address, 175 N. Carey St

Remarks,

for each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 77360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

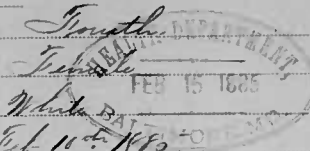
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



* 318 Light st

Violletta League

Violletta League

Baltimore

Thomas League

Caulker

Baltimore

Mrs M A G. G. G.

* 28 Waver Ave

for each offense to be recovered as other laws and ordinances are enforced.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *12 February*

4. Place of Birth, (Street and Number) *No 143 E. Corner St.*

5. Full Name of Mother, *Maggie Fynes*

6. Mother's Maiden Name, *Harwood*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles H. Fynes*

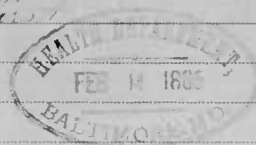
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Louisa Schull*

Address, *No 246 E. Corner St.*

Remarks, _____



CITY NAME ADDED 2-14-53-
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Mc Kenna
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 1 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *The 12 of February 1885* *No. 14 Little Edward St*

4. Place of Birth, (Street and Number) *No. 14 Little Edward St*

5. Full Name of Mother, *Mary Mc Kenna*

6. Mother's Maiden Name, *Mary Monahan*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John Mc Kenna*

9. Father's Occupation, *Sailor* *Ireland*

10. Father's Birthplace, *Ireland*

● Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. Lauer*

Address, *No 173 Harford Ave*

Remarks, *Baltimore Md*
1 x 5

for each offence to be recovered as other laws and regulations are made

RETURN OF A BIRTH 77363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 15, 1901

4. Place of Birth, (Street and Number) 674 S. Charles St.

5. Full Name of Mother, Catherine M. Wheeler

6. Mother's Maiden Name, " " " " " "

7. Mother's Birthplace, Md.

8. Full Name of Father, E. S. Wheeler

9. Father's Occupation, Engineer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return, W. H. Cooke M.D.

Address, 146 Madison St.

Remarks,

For each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1-28-35

Given Name Added

No. of Child of *Lester* Mother (state whether 1st, 2d, 3d, &c.) *Dimmit Harris*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

White

Jan 2 1883

36 E. W. Haystack

Curry

Mary

Mary

Mary

Harford

Dr. W. Haystack

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

CITY NAME ADDRESS 1-28-55 77364

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lester Dimmit Harris
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

FEB 12 1885

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 2 1883

4. Place of Birth, (Street and Number)

360 W. Fayette St.

5. Full Name of Mother,

Mary Eunice Harris

6. Mother's Maiden Name,

Mary Maynard

7. Mother's Birthplace,

Bedford Co., Md.

8. Full Name of Father,

Wm. J. Harris, M.D.

9. Father's Occupation,

Physician

10. Father's Birthplace,

Harford Co., Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. Harris

Address,

360 W. Fayette St.

Remarks,

None

for each affiance to be recovered as other fine and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 2th. 1885

4. Place of Birth, (Street and Number) 168 E. Ave St.

5. Full Name of Mother, Lizzie Boon

6. Mother's Maiden Name, Lizzie Benzel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Paet Boon

9. Father's Occupation, N. Express Watchman

10. Father's Birthplace, Germany.

Name of Medical Attendant, M. A. B. H. or other Person who makes this Return.

Address, 185 E. Central av. N. Monument St.

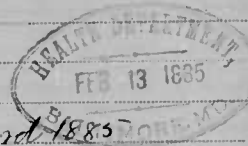
Remarks, His Will

For each address to be recovered as other cases are in parentheses and notations.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *January 3rd 1885*
4. Place of Birth, (Street and Number) *185 N. Holl St.*
5. Full Name of Mother, *Lizzie Williams*
6. Mother's Maiden Name, *Lizzie Timmonson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Philip Williams*
9. Father's Occupation, *Corsler*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt.*
- Address, *185 S.E. cor. Centell ar. & Monument St.*
- Remarks, *All Well*



RETURN OF A BIRTH. 77367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 3rd 1885

4. Place of Birth, (Street and Number) 204 Madison St.

5. Full Name of Mother, Lizzie Eigenberg

6. Mother's Maiden Name, Lizzie Specht.

7. Mother's Birthplace, Germany

8. Full Name of Father, Aug. Eigenberg

9. Father's Occupation, Confectionary

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt

Address, 185 S.E. cor Central av. V. Monument St.

Remarks, All Well.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 5th. 1885

4. Place of Birth, (Street and Number) 480. Wolf St.

5. Full Name of Mother, Alis Soddars

6. Mother's Maiden Name, Alis Axel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. Soddars

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S. E. cor. Central and Monument St.

Remarks, All Well



For each office to be recorded as either true and correct or not true and correct.

RETURN OF A BIRTH. 77369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 10th 1885

4. Place of Birth, (Street and Number) 275 Canton St.

5. Full Name of Mother, Lewisa Wittman

6. Mother's Maiden Name, Lewisa Brust

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Wittman

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, M. A. Butt, or other Person who makes this Return.

Address, 185 S. E. cor. Central av. & Monument St.

Remarks, All Well

for each subject to be recorded as either born and burials are not required.

RETURN OF A BIRTH. 77370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 12th 1885

4. Place of Birth, (Street and Number) 38 Spring St.

5. Full Name of Mother, Lottawicka Ritchard

6. Mother's Maiden Name, Lottawicka Meier

7. Mother's Birthplace, Germany

8. Full Name of Father, John Ritchard

9. Father's Occupation, Butcher

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor. Central av. Monument St.

Remarks, All Well

for each office to be recovered as other fees and signatures are required.

RETURN OF A BIRTH. 77³71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	January 17th. 1885
4. Place of Birth, (Street and Number)	547 E. Monument St.
5. Full Name of Mother,	Lydie Gurbach
6. Mother's Maiden Name,	Lydie East.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Lewis Gurbach
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, <small>or other Person who makes this Return.</small>	M. A. B. M.D.
Address,	185 S. E. or Central and Monument St.
Remarks,	All well

For each offence to be recovered as other than a summary offence, the offender must be aged 18 or over and the offence must be a summary offence.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 18th. 1885

4. Place of Birth, (Street and Number)

3 St. James St,

5. Full Name of Mother,

Lizzie Craner

6. Mother's Maiden Name,

Desch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mich. Craner

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

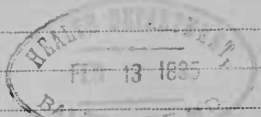
Germany

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*



for each office to be recovered as other fees and forfeitures are recovered.

RETURN OF A BIRTH 77373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Jan 8, 1887

4. Place of Birth, (Street and Number) J.M. Sp...

5. Full Name of Mother, Augusta

6. Mother's Maiden Name, " Mother

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Jacob Appel

9. Father's Occupation, Shoe Store

10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Seling

Address, 48 Holland St

Remarks,

for each office; to be recovered as other fees and for returns are recoverable.

RETURN OF A BIRTH ⁷⁷³⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 23 1885

4. Place of Birth, (Street and Number) 16 Washington St. 168

5. Full Name of Mother, Josephine Claus

6. Mother's Maiden Name, Hollins

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Fredrick Claus

9. Father's Occupation, Police

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs Rosalie

Address, 48 Hollands St

Remarks,



for each offense to be recovered as other fees and for allures are recoverable.

RETURN OF A BIRTH. 77375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Collard
 3. Date of Birth January 24th. 1885.
 4. Place of Birth, (Street and Number) 13 McClay Court.
 5. Full Name of Mother, Mary Snowden
 6. Mother's Maiden Name, Mary Johnson
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Wm. Snowden
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Eastern Shore
 Name of Medical Attendant, or other Person who makes this Return, M. A. Butt
 Address, 185 E. ex. Central av. D. Monument St.
 Remarks, All Well



for each office to be recovered as other files and certificates are recovered.

RETURN OF A BIRTH 77376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

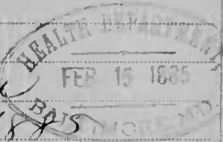
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

Colored

Jan 24th 1885

St. Louis St 12

Rebecca Wilson

" Miller

Africa

Sarimual Wilson

Factor

Baltic Md

Mrs R. H. H. H.

48 Holland St

For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 24 1896

4. Place of Birth, (Street and Number)

11 Washington St

5. Full Name of Mother,

Olivia Carl

6. Mother's Maiden Name,

Appamshmidt

7. Mother's Birthplace,

Barron

8. Full Name of Father,

Leonhardt Carl

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Berona

Name of Medical Attendant, or other Person who makes this Return,

Mrs R. Ulling

Address,

48 Holland St

Remarks,

Every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77.3.78

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 26 1878

4. Place of Birth, (Street and Number) 1100 Madison St. No. 1100

5. Full Name of Mother, Amanda H. Barker

6. Mother's Maiden Name, Apple

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edward H. Barker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Wm. R. E. E. E.

Address, 15 E. Hollander St.

Remarks,

RETURN OF A BIRTH. 77379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth January 28th. 1885

Place of Birth, (Street and Number) 157 N. Falls St.

Full Name of Mother, Mary Joki

Mother's Maiden Name, Mary Gassinger

Mother's Birthplace, Baltimore, Germany

Full Name of Father, Constant Joki

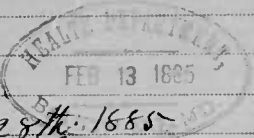
Father's Occupation, Harness maker

Father's Birthplace, Germany

Name of Medical Attendant, M. A. Butt or other Person who makes this Return.

Address, 185 J.E. cor Central av. & Monument St.

Remarks, Well



or persons who shall receive any fee for such return, shall be liable to a fine of \$100 for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 30: 85

4. Place of Birth, (Street and Number) 23 S. Eyster st

5. Full Name of Mother, Rachel Salas

6. Mother's Maiden Name, " Mandelberg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Salas

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,



any person or persons who shall forego or fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 29: 85*

4. Place of Birth, (Street and Number) *21 McCulloch st*

5. Full Name of Mother, *Julia Stammers Barry*

6. Mother's Maiden Name, *Mayer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Sanders Barry*

9. Father's Occupation, *Manufacturer*

10. Father's Birthplace, *Bridgeport Conn*

Name of Medical Attendant, or other Person who makes this Return *Chas. Williams*

Address, *201 Madison Ave*

Remarks,

any person or persons who shall knowingly fail to supply a full and correct return for this office, to be recovered as other fines and penalties are recoverable. to a fine of ten dollars for each offence.

RETURN OF A BIRTH 77382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *9th January 1885*

4. Place of Birth, (Street and Number) *No 5. 27 Hollins St Baltimore*

5. Full Name of Mother, *Mrs. Minnie Mc Cord*

6. Mother's Maiden Name, *Miss Minnie Schultz*

7. Mother's Birthplace, *Born Baltimore City*

8. Full Name of Father, *Mr. Charles Mc Cord*

9. Father's Occupation, *Bar Keeper*

10. Father's Birthplace, *Born Chilchety, Ohio*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Keller*

Address, *1017 West Pratt St*

Remarks,

RETURN OF A BIRTH. 775 P3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1 Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race) White

3. Date of Birth..... 27th Feb 1955

4. Place of Birth, (Street and Number) 263

5. Full Name of Mother, William March

6. Mother's Maiden Name, Katharina Spanare

7. Mother's Birthplace, Albany

8. Full Name of Father, Geoffrey Harcourt

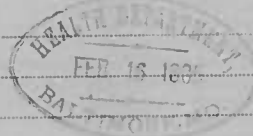
9. Father's Occupation, Teacher

10. Father's Birthplace, Denmark

Name of Medical Attendant, or other Person who makes this Return. *Frank*

Address, 64 N. Westchester St.

Remarks, Mary Reptine



any persons who shall thereafter be to country as

RETURN OF A BIRTH. 77384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 6 1885

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Mary Elizabeth Gessner

6. Mother's Maiden Name, Mary Elizabeth Gessner

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Gessner

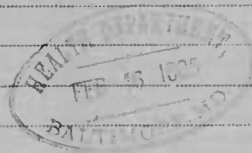
9. Father's Occupation, Farmer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Elizabeth Gessner

Address, 24 N. Maryland St

Remarks, Mary Elizabeth Gessner



or persons who shall hereafter be so called, for each infant to be returned as other persons are recoverable.

77385

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....3

HEALTH DEPARTMENT
FEB 16 1885
BALTIMORE, MD.

3. Date of Birth 9/12/1888

5. Full Name of Mother, Katherine Mitterling

7. Mother's Birthplace, Germany

9. Father's Occupation, Baker

Name of Medical Attendant, or other Person who makes this Return. Harry Kofler

Remarks, home, 12th March

J. & Co., City Printers and Stationers.

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 8th 1885

4. Place of Birth, (Street and Number) 121 N. Washington

5. Full Name of Mother, Jane Tomaska

6. Mother's Maiden Name, Anna Kola

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Tomasek

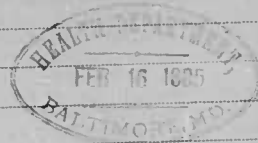
9. Father's Occupation, Lathe

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Keflish

Address, 64 N. Washington St

Remarks, Mary Keflish



or persons who shall hereafter fail to comply with the provisions of this act, for each offence to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁷³⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

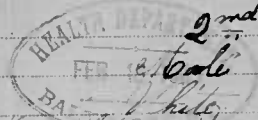
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Bay View Feb. the 8th 1885

36 Lemon St

Mary Catherine Southcomb

Amspacher

Blair Rock York Co Pa

John Ross Southcomb

Machinist

Baltimore Md.

Susan Shriver

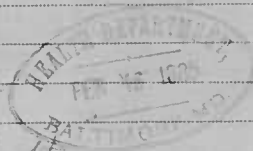
2140 Pappellton St

RETURN OF A BIRTH. 773.88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John Henry Hicke
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh
3. Date of Birth 8 Feb 1885
4. Place of Birth, (Street and Number) 45 N. ... St
5. Full Name of Mother, Josephine Hicke
6. Mother's Maiden Name, Josephine Hicke Fritiges
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Joseph Hicke
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Bay Hospital
- Address, 69 ...
- Remarks, ...



of persons who shall hereafter be recorded, and for each offense to be recovered as other laws and forfeitures are recoverable.

NOTICE

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were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

77389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 8 Feb 1885

4. Place of Birth, (Street and Number) 12 Long...

5. Full Name of Mother, Mary Szwajak

6. Mother's Maiden Name, Mary Szwajak

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Szwajak

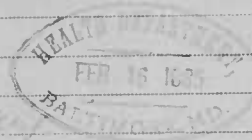
9. Father's Occupation, Lab...

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary (K...)

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, or for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1. 1st child
FEB 15 1885
BALTIMORE

Feb 4 1885
No. 334 Sharp St
2da Diefenbach
Kalehca
Germany
Adam Diefenbach
Tailor
Germany
Schroeder midwife
No. 230 Hunover St.

or persons who shall hereafter, all of them, with their names and residences are recoverable, for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 77291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 9th February 1885

4. Place of Birth, (Street and Number) Gay's Road No. 6

5. Full Name of Mother, Dora Muelly

6. Mother's Maiden Name, Sturf

7. Mother's Birthplace, Germanien

8. Full Name of Father, Lahn Muelly

9. Father's Occupation, Workman

10. Father's Birthplace, Holland

Name of Medical Attendant, or other Person who makes this Return.

Address, Harline Sherry Eliott's Elm St. 5

Remarks,

or person who shall interest for full to comply with the provisions of the Act for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 9 Feb 1885

4. Place of Birth, (Street and Number) 1156 Chapel St

5. Full Name of Mother, Mary Loryoun

6. Mother's Maiden Name, Mary Pank

7. Mother's Birthplace, Germany

8. Full Name of Father, George Loryoun

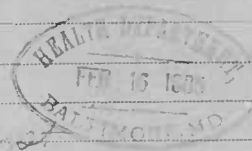
9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Loryoun

Address,

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of \$10 for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 19 Feb 1880

4. Place of Birth, (Street and Number) 141 N. Centre

5. Full Name of Mother, Kate Fink

6. Mother's Maiden Name, Kate Fink

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Fink

9. Father's Occupation, Mill-man

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Kofelick

Address, 67 N. Washington St

Remarks, Mary Kofelick

Persons who shall hereafter fail to comply with the provisions of this act, or who shall hereafter fail to recover as other laws and forfeitures are recoverable, for each offence to be recovered as other laws and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 77395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male;

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 of February

4. Place of Birth, (Street and Number) 91 Lexington Ave.

5. Full Name of Mother, Mary Pinner,

6. Mother's Maiden Name, Mary Leakey,

7. Mother's Birthplace, Baltimore,

8. Full Name of Father, William Pittier

9. Father's Occupation, Engineer,

10. Father's Birthplace, England;

Name of Medical Attendant, or other Person who makes this Return, Miss E. Gray,

Address, 193 South E. Foster St.,

Remarks, 1 child of 6 children.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties and forfeitures as are recoverable for each offense to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH 77396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4*

Sex. (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *11 day of February 1885*

Place of Birth, (Street and Number) *Balto 40 parish st*

Full Name of Mother, *Sarah Estella Blunt*

Mother's Maiden Name, " " *Yell*

Mother's Birthplace, *Balto*

Full Name of Father, *William Edward Blunt*

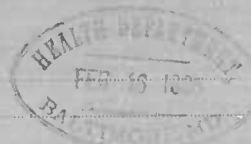
Father's Occupation, *Bricks Moulder*

Father's Birthplace, *Balto County*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Ykoning*

Address, *10 60 South Parrish St Balto Md*

Remarks, *Mother and child are doing well*



RETURN OF A BIRTH 77397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb. 11th 1885
 4. Place of Birth, (Street and Number) 73 North Charles St.
 5. Full Name of Mother, Mary Louisa Klingstein
 6. Mother's Maiden Name, Mary Louisa Hoppe
 7. Mother's Birthplace, New York City
 8. Full Name of Father, George Klingstein
 9. Father's Occupation, Confectioner
 10. Father's Birthplace, Philadelphia
 Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Lewis, M.D.
 Address, 326 N. Eutaw St.
 Remarks,

NOTICE

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were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 77398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth Feb 14 1885
- Place of Birth, (Street and Number) 317 N. Charles St
- Full Name of Mother Catherine Gregory
- Mother's Maiden Name, Biss.
- Mother's Birthplace, America
- Full Name of Father, Charles Gregory
- Father's Occupation, Mapping
- Father's Birthplace, America
- Name of Medical Attendant, or other Person who makes this Return, J. Shearer M.D.
- Address, 330 Hanover St.
- Remarks,

report its birth to the Registrar of Vital Statistics, Baltimore City, within ten days of its birth, and for each failure to do so shall be liable to a fine of ten (10) dollars, or imprisonment for not more than thirty (30) days, or both, at the discretion of the Court.

EVER NAME INDEX 3-17-55 RETURN OF A BIRTH. 77399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Stanley Dosh
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *white*
- Date of Birth *February the 12-1885*
- Place of Birth, (Street and Number) *Baltimore William St No 297*
- Full Name of Mother, *Elen Dosh*
- Mother's Maiden Name, *Kurtzman*
- Mother's Birthplace, *Scranton Pa*
- Full Name of Father, *Henry Dosh*
- Father's Occupation, *Engineer*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hawthorn*
- Address, *Charles St No 576*
- Remarks,

Persons who willfully fail to comply with the provisions of this section, shall be subjected to the fine or to imprisonment for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 77400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth

the twelfth day of Feb. 1885

4. Place of Birth, (Street and Number)

53 E. Bay St.

5. Full Name of Mother,

Mary Teresa Hansknecht

6. Mother's Maiden Name,

Henry T. Singer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Martin Hansknecht

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. Maemel Midwife

Address,

428 Saratoga St.

Remarks,

of persons who shall hereafter fall to comply with the provisions of this act, for each offense to be recorded in their files and portfolios are recoverable.

RETURN OF A BIRTH. 77401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 4 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

The 13 of February 1885

4. Place of Birth, (Street and Number)

No 210. Biddle St.

5. Full Name of Mother,

Annie Antoni

6. Mother's Maiden Name,

Annie Heim

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Antoni

9. Father's Occupation,

Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ch. Sauer

Address,

No 173 Hoxford Ave

Remarks,

Baltimore Md

1885 1885

Report the birth of every child born in Baltimore City, and the death of every person who shall hereafter fall to comply with the provisions of this section, shall be deemed to be a misdemeanor, and for each offence to be recovered as other fine and forfeitures are recoverable.

77402

report its birth to the Commissioner of Health, and the person or persons who shall herewith fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

2-15-10
FEB 15 1885
BALTIMORE MD.

White

George R. 1st 1871.

Barth E. B.

720484

Prof. J. O. Edwards

Har. E. Miller

4 Co. City Printers and Stationers.

RETURN OF A BIRTH 77407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

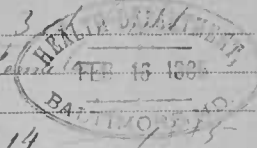
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Feb 14

275 Cross St

Mary Wisting

Berlin

America

Andrew Wisting

Turner

America

J. Schwaner midwife

330 Hanover St.

RETURN OF A BIRTH 77400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 12, 1885

4. Place of Birth, (Street and Number) E. Monument St. No. 330

5. Full Name of Mother, Sophia Gebhardt

6. Mother's Maiden Name, Sophia Heinrich

7. Mother's Birthplace, Hambach, N. Bazar, Germany

8. Full Name of Father, Johann Gebhardt

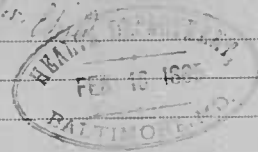
9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Schellars, N. Bazar, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 15 Dallas St. No. 26

Remarks,



report its birth to the Commissioner of Health, in the manner and form provided for in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

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were received in the same
condition and microfilmed
as shown.**

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assure legibility and com-
pleteness.**

report the birth to the Commissioner of Health, at the instance of the Registrar, or persons who shall hereafter suit to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 16, 1886*

4. Place of Birth, (Street and Number) *President St. 1526*

5. Full Name of Mother, *Maria Lich*

6. Mother's Maiden Name, *Maria Lischke*

7. Mother's Birthplace, *Lübeck, N. Prussia, Germany*

8. Full Name of Father, *Friedrich Lich*

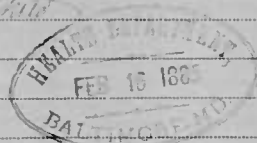
9. Father's Occupation, *Wheel Wright*

10. Father's Birthplace, *Welsch, N. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Müller*

Address, *W. Dallas St. 1526*

Remarks, *Still born*



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 15 Feb 1884

4. Place of Birth, (Street and Number) 41 Easton ave

5. Full Name of Mother, Mary Kypetish

6. Mother's Maiden Name, Mary Kypetish

7. Mother's Birthplace, Poland

8. Full Name of Father, John Kypetish

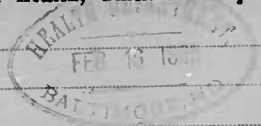
9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mary Kypetish

Address, 69 W Washington

Remarks, Mary Kypetish



report the birth to the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

77408

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February 1885

4. Place of Birth, (Street and Number)

32 N. Liberty Street

5. Full Name of Mother,

Janette A. Hemmick

6. Mother's Maiden Name,

Janette A. Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Raphael Abraham Hemmick

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. S. H. H. H.

Address,

201 N. Lombard Street

Remarks,

any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

77109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 February 1885

4. Place of Birth, (Street and Number) Conn Street 272

5. Full Name of Mother, Rosalie J. Gabb

6. Mother's Maiden Name, Rosalie J. Trevis

7. Mother's Birthplace, Bromberg Germany

8. Full Name of Father, Niccolò Gabb

9. Father's Occupation, Druggist

Father's Birthplace, B. B. Bromberg Germany

Name of Medical Attendant, or other Person who makes this Return A. B. B. B.

Address, Alie Ann Hall 214

Remarks,

RETURN OF A BIRTH. 77410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth 5 Feb. 1886.

4. Place of Birth, (Street and Number) 208 Warner St

5. Full Name of Mother, Elvora Brady.

6. Mother's Maiden Name, Elvora Smith

7. Mother's Birthplace, Calvert County

8. Full Name of Father, ~~Calvert County~~ Isrel Brady.

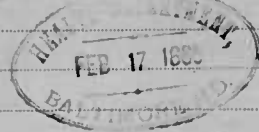
9. Father's Occupation, Labor

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return. Abilla Brooks.

Address, 210 Warner St Bet Cross & west St

Remarks, Doing well



or persons who shall serve for and to comply with the provisions of this act, for each offence to be received as other infra and violations are incurable.

RETURN OF A BIRTH 77411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex, (state whether male or female)

Female

FEB 17 188

Race or Color, (if not of the white race)

Date of Birth,

8 of February

Place of Birth, (Street and Number)

5 Collins Court

Full Name of Mother,

Liese Hattle

Mother's Maiden Name,

Stangeli

Mother's Birthplace,

Germany

Full Name of Father,

Thomas Hattle

Father's Occupation,

Potter

Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Lusan Stanton

Address,

21 W. Appellton St

Remarks,

within the period above specified, except for the cases in which the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 8th 1885

4. Place of Birth, (Street and Number) 140 Hoffman St.

5. Full Name of Mother, Mary Baldwin

6. Mother's Maiden Name, Garet

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, James Baldwin

9. Father's Occupation, Merchant

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, J. H. Scufflet

Address, 1704 2nd Center St.

Remarks,

RETURN OF A BIRTH

77413

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1885
4. Place of Birth, (Street and Number) E. Preston Street 198
5. Full Name of Mother, Caroline Mann
6. Mother's Maiden Name, Caroline Stork
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Mann
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return A. F. Reinhardt
Address, 205 W. Lombard Street
Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third Child

Alpente

colored

Monday 11 February 1885

Baltimore Bayberry Street 246

Satish Wilson

Sarah Hayden

Baltimore Md

William Henry Wilson

Carta 44

Baltimore Md

Mary Jane Richardson

Double Street 2/2

Whether an Child Learning Well

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

When this person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Tenth 12 of January

4. Place of Birth, (Street and Number)

231 S. Broadway

5. Full Name of Mother,

Minnie Allen

6. Mother's Maiden Name,

Minnie Self

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

Burgess B. Allen

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Halifax N.C.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. H. Bowen

Address,

217 Alice Avenue St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

within the period above required, except in the cases of late births and deaths of placental children, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 27th 1885

4. Place of Birth, (Street and Number) 152 N. Front St

5. Full Name of Mother, *Bella Perry*

6. Mother's Maiden Name, McLoy

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, *Harry Perry*

9. Father's Occupation, Horse Dealer

4. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return, H. S. Scaiffen

Address, 77 W. Centre St.

Remarks:

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *24 January 1885*
4. Place of Birth, (Street and Number) *Corr Penn & Howe Street*
5. Full Name of Mother, *Emilie Angemeier*
6. Mother's Maiden Name, *Emilie Lemberk*
7. Mother's Birthplace, *Feuerbach, Württemberg*
8. Full Name of Father, *Ferdinand Angemeier*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Löwenstein, Württemberg*
Name of Medical Attendant, or other Person who makes this Return *Dr. J. Reinhard*
Address, *205 W. Lombard Street*
Remarks,

Whoever fills this form, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth Child*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 4th 1884*
4. Place of Birth, (Street and Number) *Baltimore City, 127 Gordons Lane*
5. Full Name of Mother, *Catharina Hartenstein*
6. Mother's Maiden Name, *Catharina Guntner*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Joseph Hartenstein*
9. Father's Occupation, *Basket Maker*
10. Father's Birthplace, *Baden, Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Lohwasser*
Address, *No 210 Cross st. Mrs. Hoffman*
Remarks, *304, S. 1. argy. Street.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First / One

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 12th 1884

4. Place of Birth, (Street and Number)

No 715 Hancock St.

5. Full Name of Mother,

Mary Lindutch

6. Mother's Maiden Name,

Mary Auer

7. Mother's Birthplace,

Hancock St Baltimore City

8. Full Name of Father,

Joseph W. Lindutch

9. Father's Occupation,

Sub

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Miss Roseau

Address,

304 Sharp St.

Remarks,

within this period of one year, except in the case of the mother, who shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁷⁴²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feb. 5th 85
4. Place of Birth, (Street and Number) # 34 Leadmill St.
5. Full Name of Mother, Sarah Knapf
6. Mother's Maiden Name, " Englehardt,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Knapf
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary Krich
- Address, # 528 J. E. E. St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Feb. 5d 85

4. Place of Birth, (Street and Number)

#220 Bevan St

5. Full Name of Mother,

Lina Heigert

6. Mother's Maiden Name,

Schaefer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Heigert

9. Father's Occupation,

Printer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return,

Mary Koch

Address,

#328 J. Edgar St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report on birth to the Registrar of Vital Statistics, Baltimore City, Md., shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

77423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Feb. 5th 85

4. Place of Birth, (Street and Number)

5 Sterrett Al.

5. Full Name of Mother,

Julia Burkman

6. Mother's Maiden Name,

Watts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Arthur Burkman

9. Father's Occupation,

Black-smith

10. Father's Birthplace,

Hanover Co Md

Name of Medical Attendant, or other Person who makes this Return,

Wm. Hook

Address,

328 S. Eutaw St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

77424
Male
1885

Feb 9th 85

2255 Green St

Louise Ernst

Blady

Prussia

John Ernst

Tailor

Prussia

Mary Knott

328 J. Canton St.

For each birth to be reported to the Registrar of Vital Statistics, a fee of ten (10) dollars shall be paid by the person making the return, and for each return of a birth to be reported to the Registrar of Vital Statistics, a fee of ten (10) dollars shall be paid by the person making the return, and for each return of a birth to be reported to the Registrar of Vital Statistics, a fee of ten (10) dollars shall be paid by the person making the return.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female) Alfred James Hurd

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

77 1/2
and
4th sister
Male
White

February 7, 1885

47 Hull St

Mary E. Hurd
Mary E. (Brownbridge)

England
Arthur (Leon) Hurd
Mechanic

England
J. B. Apple, M.D.
50 Hammond

RETURN OF A BIRTH

77426

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 one*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *3rd February 1885*

4. Place of Birth, (Street and Number) *Edging st. Near willow No 0*

5. Full Name of Mother, *Jessai Paul*

6. Mother's Maiden Name, *Jessai Paul*

7. Mother's Birthplace, *Ellicott Mills*

8. Full Name of Father, *Wesley Johnson*

9. Father's Occupation, *0*

10. Father's Birthplace, *Baltimore County Md*

Name of Medical Attendant, or other Person who makes this Return *Eliza Foster*

Address, *405 Vincent St*

Remarks, *Good*

RETURN OF A BIRTH

77427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 7th 1885

4. Place of Birth, (Street and Number) 21177 Bolton St. Baltimore Md.

5. Full Name of Mother, Alice Womble Wilton

6. Mother's Maiden Name, Alice Womble

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Combs Wilton

9. Father's Occupation, Salesman

10. Father's Birthplace, Hillsboro North Carolina

Name of Medical Attendant, or other Person who makes this Return, Pembroke M. Womble M. D.

Address, 21177 Bolton St.

Remarks, Baltimore Md.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *B one*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Feb 7 1898*

4. Place of Birth, (Street and Number) *153 Henrietta St*

5. Full Name of Mother, *Henrietta Cullen*

6. Mother's Maiden Name, *Henrietta Willan*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *James Cullen*

9. Father's Occupation, *Oyster Shucker*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Miss Gross*

Address, *12 Plum St*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

77429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth

Feb 9th

4. Place of Birth, (Street and Number)

53 Hamburg St

5. Full Name of Mother,

Annie Houston

6. Mother's Maiden Name,

Anna Brown

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Perry Houston

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Miller Gross 12 Plum Alley

Address,

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *February 10th*
 4. Place of Birth, (Street and Number) *46. Carroll St.*
 5. Full Name of Mother, *Jessie Tucker*
 6. Mother's Maiden Name, *Jessie Savage*
 7. Mother's Birthplace, *Baltimore Co.*
 8. Full Name of Father, *Charles Tucker*
 9. Father's Occupation, *Port driver*
 10. *Father's* Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Milly Blake*
 Address, *53. South St.*
 Remarks, *Healthy living*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 77431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th February

4. Place of Birth, (Street and Number) 136 S. Howard St

5. Full Name of Mother, Kate Dwyer Connel

6. Mother's Maiden Name, Kate Dwyer

7. Mother's Birthplace, Balt.

8. Full Name of Father, Andrew Connel

9. Father's Occupation, Merchant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. H. Webster

Address, 57 Banne St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 Feb

4. Place of Birth, (Street and Number)

Highlandtown

5. Full Name of Mother,

Mella Schluterburg

6. Mother's Maiden Name,

Becker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schluterburg

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,

Persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 774865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 11th 1885

4. Place of Birth, (Street and Number) Baltimore Poppleton St. 109

5. Full Name of Mother, Nellie Waters

6. Mother's Maiden Name, Richardson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Waters

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Mitchell

Address, No. 54 Schroder St.

Remarks,

report the birth to the Registrar of Health, in the manner and within the time specified, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other laws and regulations are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

77431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 Feb

4. Place of Birth, (Street and Number) 9 Clark

5. Full Name of Mother, Ellen Bellehan

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bellehan

9. Father's Occupation, Sea-fortman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 22 E. Lombard

Remarks,

RETURN OF A BIRTH 77435

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
February 12 1885
231 S. Sharp St
Mary Henkle
Mary Applegate
Baltimore
Lewis Henkle
Machinist
Baltimore
H. B. Holt, M.D.
Co. Francisco

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 one
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 12- feb
4. Place of Birth, (Street and Number) 186 Howard St
5. Full Name of Mother, Mary Todd
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Grundel County
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. Miller Gross
- Address, 12 Khan alley
- Remarks, _____

RETURN OF A BIRTH ^{7/1/37}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *Feb 12 85*

4. Place of Birth, (Street and Number) *534 W. Baltimore St.*

5. Full Name of Mother, *Anna Carolina Wickes*

6. Mother's Maiden Name, *Ed. Hoffman Baltimore*

7. Mother's Birthplace, _____

8. Full Name of Father, *John H. Wickes*

9. Father's Occupation, *Dairy*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Koch*

Address, *328 S. Center St.*

Remarks, _____

Be in attendance upon the Registrar, and personally in the presence of the Registrar, and any such person or persons, at the time of the birth, and within the period above required, and any such person or persons, shall be subject to a fine of ten dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

77438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race) .

Col.

3. Date of Birth,

February 13th, 1885

4. Place of Birth, (Street and Number)

940 Camden St.

5. Full Name of Mother,

Nannie Gwaltney

6. Mother's Maiden Name,

Nannie Smith

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Thos. Gwaltney

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who
makes this Return

W. R. C. Smith

Address,

106 Columbia Ave.

Remarks,

be in accordance with the order immediately thereafter it shall become the duty of the person or persons of such age to report his birth to the Commissioner of Health, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

7/4/39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child 11th*

1. Sex, (state whether male or female)

Female
FEB 11 1891 Hall

2. Race or Color, (if not of the white race)

Colored
12 of February

3. Date of Birth,

4. Place of Birth, (Street and Number)

Black Hall St 12

5. Full Name of Mother,

Livera Jones Mills

6. Mother's Maiden Name,

Livera Jones

7. Mother's Birthplace,

Baltimore D. D.

8. Full Name of Father,

Henry Mills

9. Father's Occupation,

laboring

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other Person who makes this Return,

James Mills

Address,

12 Black Hall St

Remarks,

Living Well

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *February 12 1904*
 4. Place of Birth, (Street and Number) *no 28 King St*
 5. Full Name of Mother, *Francis Johnson*
 6. Mother's Maiden Name, *Baltimore*
 7. Mother's Birthplace, *george harmon*
 8. Full Name of Father, *castren shaw*
 9. Father's Occupation, *Lydia Porter*
 10. Father's Birthplace, *healthy child*

Name of Medical Attendant, *no 4 nuptea*
 Address, *1013*
 Remarks, *healthy child*

NOTE: This report is required of every person who has knowledge of the birth of a child, and should be filed with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth. It is the duty of the Registrar to issue a birth certificate to the mother of every child born in Baltimore City, and to issue a death certificate to the family of every child who dies in Baltimore City. The fee for the birth certificate is \$1.00, and for the death certificate is \$1.00. The fee for the birth certificate is \$1.00, and for the death certificate is \$1.00. The fee for the birth certificate is \$1.00, and for the death certificate is \$1.00.

PRINTED AND PUBLISHED BY

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th Child
Female

colored

February 12th

no 28 King St

Francis J. Allen

Francis J. Allen

Baltimore

George J. J. J.

laborer

Callen St. J. J.

Mrs Lydia Porter

no 4 N. 1st St

healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Feb. 12th 1885*

4. Place of Birth, (Street and Number) *3 W. F. St.*

5. Full Name of Mother, *Maria Elizabeth O'Donnell*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Patrick Francis Prendergast*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *P. G. Gausch*

Address, *"*

Remarks, *"*

RETURN OF A BIRTH 77/1141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Febr. 12th 1885
4. Place of Birth, (Street and Number) 3 W. F. Av.
5. Full Name of Mother, Annie Elizabeth O'Donnell
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, England
8. Full Name of Father, Patrick Francis Prendergast
9. Father's Occupation, Merchant
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other Person who makes this Return P. G. Gausch
Address.
Remarks.

77442

and the child or children, as the case may be, shall be returned to the custody of the parent or parents of such child or children, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and only persons or persons who shall be found to be in violation of this section shall be subject to a fine of not less than \$100 nor more than \$500, nor any other penalty, and may be imprisoned for each offense, if he is convicted as aforesaid.

8

June 1861

Case 1

February 13 1885

1891

Chica, 111666

Chlorophyllans.

to the Dr. George

gibt es nicht

16 Dec 94

Patullo & Co.

Der Herr vom Militär

det. 7/12/1881

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex, (*state whether male or female*)

2. Race or Color, (*if not of the white race*)

3. Date of Birth,

4. Place of Birth, (*Street and Number*)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

February 13th 1885

319. Fifth St.

Lily C. Chalen

Lily C. Chalen

Montreal, Canada

Fredrick C. Chalen

Merchant

Leicester, New York

John J. Chalen, M.D.

273. Lexington St.

It is the duty of the parent or parents in each child to report its birth to the Board of Health in the manner, and at the time, prescribed in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of neglecting to do so, or of making a false report, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 1st*
4. Place of Birth, (Street and Number) *377 Broadway*
5. Full Name of Mother, *Lucy Turner*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Turner*
9. Father's Occupation, *Chimney*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Harry Walter*

Address, *135 De Pourceau St*

Remarks, _____

RETURN OF A BIRTH ⁷⁷⁴⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 13*

4. Place of Birth, (Street and Number) *157 Lombard St.*

5. Full Name of Mother, *Elizabeth Stain*

6. Mother's Maiden Name, *11) Cronmiller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Stain*

9. Father's Occupation, *Milliner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Sophia Simon*

Address, *4076 G. St.*

Remarks,

For each child born in Baltimore, the Registrar of Health, in the manner and within the period above required, and any such person who neglects to do so, or who reports a birth in the manner and within the period above required, and any such person who neglects to do so, or who reports a birth in the manner and within the period above required, shall be subject to the fine or ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

Persons who give birth to the Commonwealth of Health, in the manner and within the period prescribed by law, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 77446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black Race*

3. Date of Birth *Dec 13 1885*

4. Place of Birth, (Street and Number) *121 Durham St*

5. Full Name of Mother, *Littie Benson*

6. Mother's Maiden Name, *Littie Fish*

7. Mother's Birthplace, *Friedrich*

8. Full Name of Father, *George Benson*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Friedrich*

Name of Medical Attendant, or other Person who makes this Return. *Lucinda W. Hays*

Address, *131 N. E. 1st St*

Remarks, _____

report the birth in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 77447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14. 2 1885

4. Place of Birth, (Street and Number) Poor Alley

5. Full Name of Mother, Mary Ann Fadden

6. Mother's Maiden Name, Mary Hicken

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mc Fadden

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary X Miller

Address, 125 N. Calverton St

Remarks,

To the Registrar of Vital

No. of Children, (state whether 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698th, 699th, 7

1. Sex, (specify male or female) Male

2. Race or (of the white race)

3. Date of 13 Feb.

4. Place of Birth, (Name and Number) 164 Canale

5. Full Name Harry O. Harry

6. Mother's Maiden Name _____ Hess

7. Mother's Birthplace Baltimore

8. Full Name James O'harry

9. Father's Occupation Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 2. O. Lombard

Remarks,

To the Registrar of Vital S

1. Sex, (state whether male or female) Male

3. Date of 13 Feb

5. Full Name Mary Cherry

6. Mother's M Hess

7. Mother's Birthplace Baltimore

8. Full Name of ~~Person~~ James O'harry

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 22. O. Lombard

Remarks,

Missing

77149-77454, incl.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall thereafter all to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars
for each offence to be registered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Female

24th December 1884

114 Hancock

Rachel Meyer

Braunthal

Germany

Is. Meyer

Dentist

Germany

Dr. H. H. H. H.

114 Hancock

Infected last month

RETURN OF A BIRTH 77456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

Sex, (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 6. 1885

4. Place of Birth, (Street and Number)

139 E. Monument St.

5. Full Name of Mother,

Ella Elliott

6. Mother's Maiden Name,

Ella Davis

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

John Elliott

9. Father's Occupation,

Cotton Buyer,

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

G. G. Lusk, M. D.

Address,

392 E. Balt. St.

Remarks,

A Forceps delivery

RETURN OF A BIRTH

77457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, Clarence O. Burgess

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male,

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 10. 1885

4. Place of Birth, (Street and Number) 382 N. Mount St.

5. Full Name of Mother, Emma J. Burgess

6. Mother's Maiden Name, Emma J. Leach,

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Frank Fletcher Burgess

9. Father's Occupation, Salesman,

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Rust M. D.

Address, 398 E. Balch St.

Remarks, Forceps delivery,

of the parents, and the maiden name of the mother of such child or children.

Certificate between the first and third day of each and every month for the time at the Commission of Health, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health in the manner and within the time above required, and any such person failing to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

77458
3,
Female,
White,
14th of Feb.
209 South Chester St.
Mary Jane Briard
Mary Jane Kiron
Delaware,
A. Bert Kiron,
Cigar Maker,
Baltimore M.D.
Mrs. E. Gray.
123 South Chester
Health of Child.

RETURN OF A BIRTH.

77459

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 14th 1885

4. Place of Birth (Street and Number) 19 L. Mc Ellding St

5. Full Name of Mother Virginia Brandt

6. Mother's Maiden Name " Gates

7. Mother's Birthplace City

8. Full Name of Father Chas. Brandt

9. Father's Occupation Basket Maker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M.D.

Address 283 N. Eden St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to make and file in the Office of the Registrar of Vital Statistics, a Return of the birth, and within the period above required, and an such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH^{77/1/60}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb. 15 1877*
4. Place of Birth, (Street and Number) *No. 36 Pratt at*
5. Full Name of Mother, *Eliza Collinger*
6. Mother's Maiden Name, *Gelhorn*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Collinger*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Sophia Stanton*
- Address, *1870 Grand St*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

77461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 11th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 16th 1885

4. Place of Birth (Street and Number) 21 Washington Ave.

5. Full Name of Mother Mary Amelia Hart

6. Mother's Maiden Name Clegg

7. Mother's Birthplace Lancaster Pa.

8. Full Name of Father Alfred Peter Hart

9. Father's Occupation Carpenter

10. Father's Birthplace Lancaster Pa.

Name of Medical Attendant, or other Person who makes this Return. A. W. Weber M.D.

Address

Remarks

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Amale*

3. Date of Birth, *Dec. 17th 1885*

4. Place of Birth, (Street and Number) *415 E. Lombard*

5. Full Name of Mother, *Sarah J. Shaw*

6. Mother's Maiden Name, *" " E. Shaw*

7. Mother's Birthplace, *B.C.*

8. Full Name of Father, *Sam. E. Shaw*

9. Father's Occupation, *Marine*

10. Father's Birthplace, *B.C.*

Name of Medical Attendant, or other Person who makes this Return *J. L. Winston*

Address, *St. J. Brown*

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of the child to the Board of Health, in the manner and within the period above required, except in the case of still-born children, and in the case of any person or persons who shall hereafter fail to comply with the provisions of this statute, such penalties as may be provided by law for each offense, to be recovered as other laws in this respect are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Feb. 17th 1885*
4. Place of Birth, (Street and Number) *No 70 Booth St*
5. Full Name of Mother, *Annie Elizabeth Cook*
6. Mother's Maiden Name, *Annie Elizabeth Raviller*
7. Mother's Birthplace, *Brechanich Co*
8. Full Name of Father, *Thomas Franklin Cook*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Hennepin Co Minn*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Warr*
- Address, *258 Ralston St*
- Remarks, *None*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

77465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Feb 18th 1885*

4. Place of Birth (Street and Number) *No 71 Calvary Street*

5. Full Name of Mother *Josephine*

6. Mother's Maiden Name *Josephine*

7. Mother's Birthplace *Howard County*

8. Full Name of Father *John Henry Brown*

9. Father's Occupation *Gardener*

10. Father's Birthplace *Anne Arundel County Maryland*

Name of Medical Attendant, or other Person who makes this return *Charles C. Goldborough*

Address *No 18 Carlton Street*

Remarks

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colo.*

3. Date of Birth *Feb 18th 1885*

4. Place of Birth, (Street and Number) *No 130 Regester St Baltimore*

5. Full Name of Mother, *Emma E. Woodford*

6. Mother's Maiden Name, *Balle Md*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woodford*

Address, *No 130 Regester St Baltimore*

Remarks, *fine & how heavy work*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 12th*

4. Place of Birth, (Street and Number) *12th*

5. Full Name of Mother, *Chaggie Bell*

6. Mother's Maiden Name, *Chaggie Bell*

7. Mother's Birthplace, *Somerset County*

8. Full Name of Father, *Samuel Henry Bell*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, _____

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex. (state whether male or female) ..

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fall to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

“ “ **RETURN OF A BIRTH** 77470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race) *Colord.*
3. Date of Birth, *February 14. 1885-*
4. Place of Birth, (Street and Number) *No 9- Castle street*
5. Full Name of Mother, *Emma Dorsey-*
6. Mother's Maiden Name, *Emma Dorsey-*
7. Mother's Birthplace, *Annapolis County M.D.*
8. Full Name of Father, *No account of 2 Brothers*
9. Father's Occupation, *" " "*
10. Father's Birthplace, *" " "*
- Name of Medical Attendant, or other Person who makes this Return, *Harry Walker*
- Address, *No 18 Bethel street " " "*
- Remarks, _____

For its use, the new system, the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

77471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 15 1885

4. Place of Birth, (Street and Number)

No 21 Castle street

5. Full Name of Mother,

Addine Cooper

6. Mother's Maiden Name,

Addine Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jersey Cooper Baltimore

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Harry Walker

Address,

No 15 Bethel street

Remarks,

RETURN OF A BIRTH.

77472

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 6th 1885

4. Place of Birth (Street and Number)

94 Pearl St

5. Full Name of Mother

Mary McHally

6. Mother's Maiden Name

Renn

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John McHally

9. Father's Occupation

Police Officer

10. Father's Birthplace

Paeto

Name of Medical Attendant, or other Person who makes this Return.

W.D. Doohan, M.D.

Address

157 Park Av.

Remarks

RETURN OF A BIRTH.

7747³

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *February 2nd 1885*

4. Place of Birth (Street and Number) *16 S. Bond St*

5. Full Name of Mother *Mary J. G. Thompson*

6. Mother's Maiden Name *Lidrich*

7. Mother's Birthplace *Bolton, Md.*

8. Full Name of Father *Edwin E. Thompson*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Bolton, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. Sauer M.D.*

Address *105 N. Central Avenue*

Remarks

name of the mother of such child or children.

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

77474
Male
White
Feb - 9th 1885
211 Hansey St
Mrs Emma Baylis
Miss Emma Street
Baltimore
Edward Baylis
Moulder
Baltimore
B F Phillips M D
311 W. Lombard St

born, as of their physical condition, whether set term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second

Female

White

10th Feb 1885

22 Jackson St

Mary Bruden

Mary Albright

Baltimore

Mrs Bruden

Druggist

Baltimore

Dr Phillips M D

311 N. Lombard St

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

77476
1st
Female
White
Feb 10th 1885
17 - Scott St
Mrs Emma Turner
Miss Emma Morley
Washington
Jas. H. Turner
Salesman
Charles G.
R. F. Phillips
311 N. Lombard St

RETURN OF A BIRTH 77477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 10th 1885

4. Place of Birth, (Street and Number) 133 Arlington Av

5. Full Name of Mother, Elizabeth M. Stevenson

6. Mother's Maiden Name, Frey

7. Mother's Birthplace, York

8. Full Name of Father, Emma M. Stevenson

9. Father's Occupation, Clerk

10. Father's Birthplace, Duncannon Pa

Name of Medical Attendant, or other Person who makes this Return.

Address, 192 N. Carey st

Remarks, at 14th Bldg

P. W. Lee M.D.

RETURN OF A BIRTH 77475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 16th 1885

4. Place of Birth, (Street and Number) 1196 N. Anne St

5. Full Name of Mother, Mrs. Mary Cooper

6. Mother's Maiden Name, Rietzel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Cooper

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Gerty H.

Address, 1196 N. Anne St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

shall be subject to a fine of ten dollars, or to imprisonment for six months, or to both, at the discretion of the Court, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

Colored

16 July 1885

17 Guilford St

Lige Miles

Lisa J. Jones

Baltimore Md

James Miles

laborer

do not know

each from mother

Guilford St 252

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

any of the parents or persons or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

77480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 16-8
4. Place of Birth, (Street and Number) 47 E. W. St.
5. Full Name of Mother, Mary Shuster
6. Mother's Maiden Name, Mary Shuster
7. Mother's Birthplace, Rochester
8. Full Name of Father, William Shuster
9. Father's Occupation, Laborer
10. Father's Birthplace, Rochester County

Name of Medical Attendant, or other Person who makes this Return

Address, Dr. Shuster

Remarks,

any of the parent or parents of such child to report its birth to the Board of Health, in the manner and to the effect herein provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 16th Feb

4. Place of Birth, (Street and Number) Carey & Mosher St-

5. Full Name of Mother, Margaret M Waring

6. Mother's Maiden Name, Margaret M Waring

7. Mother's Birthplace, Va

8. Full Name of Father, Wm J Waring

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return

Address,

J M. Kennedy
22 Edmondson Ave

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

77482
6
Male
White
17th Feb
425 Hamburg St
Mattie O'Grady
Mattie Connors
Baltimore
John O'Grady
Policeman
Baltimore

Amelia Bump

426 E. 1st St

within the period above required, except in the cases of the births and deaths of illegitimate children, and every person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other dues and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth

February 185

Place of Birth, (Street and Number)

No. 284 St. Donough Street

Full Name of Mother

Mrs. Ellen Margaret Yearley

Mother's Maiden Name

Miss Ellen Marie

Mother's Birthplace

Philadelphia, Pa.

Full Name of Father

Mr. Aquila A. Yearley

Father's Occupation

Chair Painter

Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. H. Colendine

Address

No. 102 North Broadway

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

February 18th 1885

63 S High st.

Annie Stroharer

Annie Hardagan.

Baltimore Md

John Stroharer,

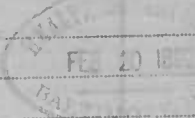
Clerk

Balto Md

J Redway Andre' M.D.

121 E Balto St

report as birth to the Commissioner of Health, in the manner and form provided for by the Board of Health, and for each failure to do so, shall be subject to a fine of ten (\$10) dollars, or imprisonment for each offense to be recovered in either fine and forfeitures are recoverable.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd Child*

Sex, (state whether male or female) *Boy*

Race or Color, (if not of the white race) *White*

Date of Birth *Feb. 18th*

Place of Birth, (Street and Number) *No. 198 E. Madison St.*

Full Name of Mother, *Mary Michle*

Mother's Maiden Name, *Mary Rose*

Mother's Birthplace, *Baltimore*

Full Name of Father, *John Michle*

Father's Occupation, *Broom Maker*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *F. Kaufmann*

Address, *No. 202 S. Dallas St.*

Remarks, *Mich Wife*

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

77486

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

4. Place of Birth, (Street and Number)

Baltimore Jordan St. No. 4

5. Full Name of Mother,

Ellie Montgomerie

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Mr. Lewis Holt

9. Father's Occupation,

Cooking

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Lucy Cornick to 15-

Address,

15 Jordan St.

Remarks,

reports its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 of February 1883

4. Place of Birth, (Street and Number) No 103 Battery (Cir

5. Full Name of Mother, Lena Johnson

6. Mother's Maiden Name, Lena Weiman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Johnson

9. Father's Occupation, team maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, John Greenhalgh

Address, No 128 West St

Remarks,

or persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH

77488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Little Girl*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *19th of February 1885*
4. Place of Birth, (Street and Number) *Baltimore R. W. McHenry st city*
5. Full Name of Mother, *Mrs. Heinrich*
6. Mother's Maiden Name, *Miss Mary Meyer*
7. Mother's Birthplace, *Born Baltimore city*
8. Full Name of Father, *Mrs. Heinrich*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Born Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Keller*
- Address, *1017 west Pratt st city*
- Remarks,

RETURN OF A BIRTH 77489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 19th 1885

4. Place of Birth, (Street and Number)

150 Arlington Avenue

5. Full Name of Mother,

Margaret Patterson Smith

6. Mother's Maiden Name,

Patterson

7. Mother's Birthplace,

Dorchester Co., Md.

8. Full Name of Father,

Wilber Fish Smith

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Lovettsville Loudan Co Va

Name of Medical Attendant, or other person who makes this Return.

Address,

192 Carey St

E. W. Lee M.D.

Remarks,

RETURN OF A BIRTH 77490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 194 1885

4. Place of Birth, (Street and Number) No 112 S. 13th St

5. Full Name of Mother, Mrs. Lizzie Goze

6. Mother's Maiden Name, " " Wetzlich

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Goze

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. Gortzke

Address, No 55 S. Bond St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 1st 1885
4. Place of Birth, (Street and Number) #150 Spring St.
5. Full Name of Mother, Mary Cas.
6. Mother's Maiden Name, Magnill
7. Mother's Birthplace, Richmond
8. Full Name of Father, Michael Cas.
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Tillegest
- Address, #182 E. Monument St.
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁷⁴⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 9th 1885
4. Place of Birth, (Street and Number) 43 North High St.
5. Full Name of Mother, Mary Weissner Hawth.
6. Mother's Maiden Name, " Weissner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hawth.
9. Father's Occupation, Cutter
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Emma Hillquist
- Address, 112 E. Monument St.
- Remarks, .

all persons who shall heretofore fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 9th 1885.

4. Place of Birth, (Street and Number) 209 N. Exeter St.

5. Full Name of Mother, Jennie Long

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, W. York Co. P. A.

8. Full Name of Father, Samuel Modore Long.

9. Father's Occupation, Fireman.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Maria Hillegeist

Address, 1102 E. Monument St.

Remarks,

RETURN OF A BIRTH. 77494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth February 11th 1885

4. Place of Birth, (Street and Number) 7 Rock Street

5. Full Name of Mother, Anna Ruckensperger

6. Mother's Maiden Name, Anna King

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry M. Ruckensperger

9. Father's Occupation, Smith helper

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 N. Poppelton St

Remarks,

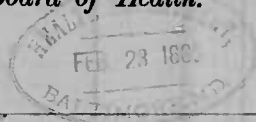
for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH,

77495

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Feb 13 1885.
4. Place of Birth, (Street and Number) 124. Marston av.
5. Full Name of Mother Larrie H. Thomas.
6. Mother's Maiden Name Liester
7. Mother's Birthplace Friedrichs City
8. Full Name of Father William Thomas
9. Father's Occupation Painter
10. Father's Birthplace Balt. Md.
Name of Medical Attendant, or other Person who makes this Return. Annie Green
Address 634. Light St.
Remarks

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

77496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth Born on 13 Day of February 1875
4. Place of Birth, (Street and Number) 153 Pierce St
5. Full Name of Mother, Ellen Mc Donald
6. Mother's Maiden Name, Ellen Kelley
7. Mother's Birthplace, Bigington New York
8. Full Name of Father, John James Mc Donald
9. Father's Occupation, Blacksmith helper
10. Father's Birthplace, Woodbury Baltimore County Md
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address, 21 Mc Puerrelton St
- Remarks, _____

with the provisions of the Act, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

77497
First
Male
White
Feb. 14, 1883
89 Lexington St.
Anna Catherine Webb
Anna Catherine Webb
Baltimore
John Harrison Webb
Physician
Baltimore
Mary L. Squire
89 Lexington St.

77198 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 14th

4. Place of Birth (Street and Number)

Baltimore No 323 Nassau St

5. Full Name of Mother

Caroline Chaptin King

6. Mother's Maiden Name

don't know

7. Mother's Birthplace

Richmond, Virginia

8. Full Name of Father

George Washington King

9. Father's Occupation

Trimmer

10. Father's Birthplace

Richmond, Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. G. W. Bush

Address

1209 N. Street

Remarks

Healthy



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other due and forfeitures are recoverable.

RETURN OF A BIRTH.

77499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *This is the 1st*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Feb 15th 1885*
4. Place of Birth, (Street and Number) *no 31 Parkin St Baltimore Md*
5. Full Name of Mother, *Barbra Zimmerman*
6. Mother's Maiden Name, *Lukna*
7. Mother's Birthplace, *Hanover Germany*
8. Full Name of Father, *Frank Zimmerman*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Baltimore County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address, *2141 Pippelton St*
- Remarks,

RETURN OF A BIRTH 77500

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether ~~1st, 2nd, 3rd, &c.~~) 4

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 15th 1883

4. Place of Birth, (Street and Number) No 166 N. Dallas St

5. Full Name of Mother Alice E. Taylor

6. Mother's Maiden Name, " " Harriman

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles R. Taylor

9. Father's Occupation, Car. Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, No 238 W. Broadway

Remarks, This Healthy Child

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁷⁵⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15, 1881

4. Place of Birth, (Street and Number) 1044 Reed St

5. Full Name of Mother, Eugenia C. Hughes

6. Mother's Maiden Name, " " " Barnett

7. Mother's Birthplace, N. Jersey

8. Full Name of Father, E. D. Hughes

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Woodward Cooke M.D.

Address, 14 E. Monument St.

Remarks, _____

For each offense to be recovered as other fines and penalties are recoverable, shall be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Born with Spasms and died with Spasms.
Throat Marked.

Sabina Graham

No 125 West St

11 of Februar 1859

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for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

FEB 23 1885

2. Sex (state whether Male or Female)

Male

3. Race or Color (if not of the white race)

White

4. Date of Birth

Feb. 16. 1883

5. Place of Birth (Street and Number)

428 Mulberry St.

6. Full Name of Mother

Annie G. Gamble

7. Mother's Maiden Name

Annie G. McKeldin

8. Mother's Birthplace

Balto. City

9. Full Name of Father

James A. Gamble

10. Father's Occupation

Plumber

11. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who
make this Return.

E. H. Holbrook M.D.

Address

185 N. Carey St.

Remarks

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁷⁷⁵⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 17th 1895*

4. Place of Birth, (Street and Number) *235 - 1st St*

5. Full Name of Mother, *Olivia Hancy*

6. Mother's Maiden Name, *" Hancy*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Howard V Hancy*

9. Father's Occupation, *Carpenter*

Father's Birthplace, *D. C. Md*

Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*

Address, *146 Hammond St*

Remarks,

RETURN OF A BIRTH. 77507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

Light Brown Skin

3. Date of Birth

Tuesday February the 17. 1885

4. Place of Birth, (Street and Number)

No. 6. Ricketts Court

5. Full Name of Mother,

Josephine E. Ricketts

6. Mother's Maiden Name,

Josephine E. Ricketts

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James G. Ricketts

9. Father's Occupation,

Cyster Schenker, Jr. architect

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return.

Margaret Spriggs

Address,

Live No 230 west 34th Race & Lombard

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

77508

BALTIMORE CITY.

1. et

Male,

White

Feb. 17th 1855-

233 N. Ames Street,

Gertrude Elizabeth Lynch,

" " " " Schreiber

Baltimore City,

John Robert Lynch.

Plasterer,

Baltimore City.

Chas. B. Zieglar, M.D.

282 N. Broadway

Remarks.

77509

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Annual

Stiles

May 19th 1883

1778

Rose A. Magdalen

H. H. H.

Handwritten: *Handwritten*

Book-keeper

1849

Long (Coke) M. H.

Theodore Cooke M.D.

146 *James St. J.*

RETURN OF A BIRTH 77510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 19th 1885

4. Place of Birth, (Street and Number) No 642 South Charles St

5. Full Name of Mother, Alice Harris

6. Mother's Maiden Name, Alice Tipton

7. Mother's Birthplace, Harford Co Md

8. Full Name of Father, James Harris

9. Father's Occupation, Fireman on B. & O. R.R.

10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 658 S Charles St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 19th 1888

4. Place of Birth, (Street and Number) 157 W. Baltimore St.

5. Full Name of Mother, Mary M. Cook

6. Mother's Maiden Name, " " Markley

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, Eugene Cook

9. Father's Occupation, Grocery Store Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Theodore Cook M.D.

Address, 146 Hanover St. for 213

Remarks,

Of each card due to be recovered as other files and for data are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 6 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

The 14 of February 1885

4. Place of Birth, (Street and Number)

No 315 Harford Ave

5. Full Name of Mother,

Anne Kamm

6. Mother's Maiden Name,

Anne Dinold

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Kamm

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Lauer

Address,

No 173 Harford Ave

Remarks,

Bale. Med.

1885

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 77516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 of February 1884

4. Place of Birth, (Street and Number) No. 229 William St

5. Full Name of Mother, Annie Richards

6. Mother's Maiden Name, Annie Bell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Richards

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other Person who makes this Return, John A. Reschke

Address, No. 1208 West St

Remarks,

OF BALTIMORE IS TO BE PRESERVED IN OTHER PLACES AND FURNITURE ARE RECOVERABLE.

RETURN OF A BIRTH

77514

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sep 5th /84

4. Place of Birth, (Street and Number)

Conway at Charles St

5. Full Name of Mother,

Catrina Bonnum

6. Mother's Maiden Name,

Catrina Youngman

7. Mother's Birthplace,

Sumner

8. Full Name of Father,

Louis Bonnum

9. Father's Occupation,

Watchman

10. Father's Birthplace,

Sumner

Name of Medical Attendant, or other Person who makes this Return.

A. W. Thiele

Address,

143 N Charles St

Remarks,

RETURN OF A BIRTH

77515

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..

1st

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth, ..

Sep 27/84

4. Place of Birth, (Street and Number) ..

173 Balto St

5. Full Name of Mother, ..

Ida Stammer Long

6. Mother's Maiden Name, ..

Ida Rossin

7. Mother's Birthplace, ..

New York NY

8. Full Name of Father, ..

Isidor Stammer Long

9. Father's Occupation, ..

Merchant

10. Father's Birthplace, ..

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mr Stinner

Address, ..

143 N Charles St

Remarks, ..

RETURN OF A BIRTH 77516

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep 8th / 84

4. Place of Birth, (Street and Number)

No 9 E. 3rd St

5. Full Name of Mother,

Kellie Kirschner Stein

6. Mother's Maiden Name,

Kellie Kirschner

7. Mother's Birthplace,

New York

8. Full Name of Father,

P. H. Stein

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who make this Return.

H. W. Thompson

Address,

1434 Charles St

Remarks,

RETURN OF A BIRTH

77517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep 21st 1894

4. Place of Birth, (Street and Number)

517. Sanson

5. Full Name of Mother,

Elizabeth Harper

6. Mother's Maiden Name,

Elizabeth Lindner

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Conrad Harper

9. Father's Occupation,

China Pack

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

W. H. Hines

Address,

143 N. Charles

Remarks,

RETURN OF A BIRTH

77518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Five

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11 1884

4. Place of Birth, (Street and Number)

So. Cor. Md. av. & 1st

5. Full Name of Mother,

Marian Myatt

6. Mother's Maiden Name,

Marian Braden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. H. Myatt

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. Dr. Kneass

Address,

143 N. Ches.

Remarks,

RETURN OF A BIRTH

77519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 31st / 85*
 4. Place of Birth, (Street and Number) *Camden St near Eutan*
 5. Full Name of Mother, *Catharine Kunge*
 6. Mother's Maiden Name, *Catharine Bröcker*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Friedrich Kunge*
 9. Father's Occupation, *Tobacco*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who make this Return. *Dr. Thomas*
 Address, *143 N Charles St*
 Remarks,

RETURN OF A BIRTH ⁷⁷⁵²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 22nd 1875

4. Place of Birth, (Street and Number) #375 Jay St.

5. Full Name of Mother, M. S. Roessinger

6. Mother's Maiden Name, Hietrich

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. Roessinger

9. Father's Occupation, ~~Baltimore~~ Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Leona Hillegeist

Address, #182 E. Monument St.

Remarks,

for each offense to be recovered as other fees and formalities are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25th 1873
4. Place of Birth, (Street and Number) 4172 Chestnut St.
5. Full Name of Mother, Charlotte Redstone
6. Mother's Maiden Name, " Buck
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Redstone
9. Father's Occupation, Baker
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs. Anna Pellegrini, or other Person who makes this Return.
- Address, 4152 Monument St.
- Remarks,

For each office to be recovered as other forms and certificates are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, *Annetha C. Quarles*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 25th 1886*

4. Place of Birth, (Street and Number) *#80 Emerson St.*

5. Full Name of Mother, *Clara Quarles*

6. Mother's Maiden Name, *Leney*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *G. J. Quarles*

9. Father's Occupation, *Solicitor*

10. Father's Birthplace, *Richmond*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Hena Hellegist*

Address, *#152 E. Monument St.*

Remarks,

for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH 7/523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan. 26th 1873.

4. Place of Birth, (Street and Number) #146 S. Sun St.

5. Full Name of Mother, Mary A. Kohlermann.

6. Mother's Maiden Name, " " Gareis.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Nicholas Kohlermann.

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hillegast.

Address, #1828 Monument St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 77524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 27th 1885

4. Place of Birth, (Street and Number) 1202 Stirling St.

5. Full Name of Mother, Katie Schloer

6. Mother's Maiden Name, " Forch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joe Schloer

9. Father's Occupation, Grainer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Henry Billquist

Address, 1128 Monument St.

Remarks,

RETURN OF A BIRTH 77525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 26th 1884
4. Place of Birth, (Street and Number) 1179 Concord St.
5. Full Name of Mother, Barbara Hoeckel
6. Mother's Maiden Name, " Banritz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. Hoeckel
9. Father's Occupation, Glass Staining
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hillegast
- Address, 172 E. Monument St
- Remarks, _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 2nd 1895*
4. Place of Birth, (Street and Number) *40 Garrison Lane, Hollis St.*
5. Full Name of Mother, *Katherine Beyer*
6. Mother's Maiden Name, *Katherine Benz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Beyer*
9. Father's Occupation, *Beef Butcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Minnie Graf*
- Address, *304 Saratoga St*
- Remarks,

for each offence to be recovered as other fees and for signatures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) White
Date of Birth, Feb 9 1885
Place of Birth, (Street and Number) 23 Thomas St
Full Name of Mother, Lilly Jane Fitzgerald
Mother's Maiden Name, Lilly Jane Robinson
Mother's Birthplace, Baltimore
Full Name of Father, Edward Fitzgerald
Father's Occupation, Lawyer
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith
Address, Name of the child Elsie Marie Fitzgerald
Remarks,

RETURN OF A BIRTH ⁷⁷¹²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 10 1885*
4. Place of Birth, (Street and Number) *574 Saratoga St. Baltimore*
5. Full Name of Mother, *Marguerite E. Korden*
6. Mother's Maiden Name, *Marguerite Korden*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Philip C. Korden*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. William A. ...*
- Address, *504 Saratoga St.*
- Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

77530
(over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12.

1. Sex (state whether Male or Female)

John Patrick Ward

2. Race or Color (if not of the white race)

3. Date of Birth

July 10th 1885

4. Place of Birth (Street and Number)

6. Wm. Carter & Bank

5. Full Name of Mother

Bridget Ward

6. Mother's Maiden Name

Bridget Kealy

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Ward

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. Sullivan M.D.

Address

5. W. Carter & Bank

Remarks

RETURN OF A BIRTH 77531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 Sex, (state whether male or female) *female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *Feb 11, 1883*
 Place of Birth, (Street and Number) *257 N. Stricker st*
 Full Name of Mother, *Mary Rebecca Wasky*
 Mother's Maiden Name, *" " Wilmer*
 Mother's Birthplace, *Baltimore Md*
 Full Name of Father, *William Oliver Wasky*
 Father's Occupation, *Upholsterer*
 Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return *J. B. Wilmer*
 Address, *87 N. Paca st*
 Remarks,

RETURN OF A BIRTH

77532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 Feb 1885

4. Place of Birth, (Street and Number)

48 Park Avenue

5. Full Name of Mother,

Mrs Annie Gros

6. Mother's Maiden Name,

Don't know

7. Mother's Birthplace,

Smythburg Va

8. Full Name of Father,

Eugene Gros

9. Father's Occupation,

Tobaccoist

10. Father's Birthplace,

Bordeaux France

Name of Medical Attendant, or other Person who makes this Return.

Archibald Atkinson

Address,

119 N Charles St

Remarks,

Footling Case

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Maternite Feb. 15th 1885

4. Place of Birth, (Street and Number)

Maternite Hospital

5. Full Name of Mother,

Louisa Hayes

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Mo. d.

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

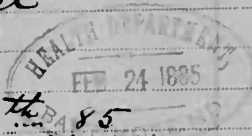
—

Name of Medical Attendant, or other Person who makes this Return.

F. R. Nordmann.

Address,

Remarks,



For each child to be registered in other than a birth record.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth *February the 13th 1877*
4. Place of Birth, (Street and Number) *Baltimore forth at No 22*
5. Full Name of Mother, *Catharine Snyder*
6. Mother's Maiden Name, *Reidels*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Snyder*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hattorn*
- Address, *Charles st No 536*
- Remarks,

for each office to be received as office form and for offices are received.

RETURN OF A BIRTH. 7735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth *Feb 15 1885*

4. Place of Birth, (Street and Number) *121 Shields St*

5. Full Name of Mother, *Alice Price*

6. Mother's Maiden Name, *St Mary Co*

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Wofford*

Address, *130 Bayview St*

Remarks,

RETURN OF A BIRTH ⁷⁷⁵³⁶ over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: John Yost
Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
(state whether male or female) (Female) Male
Race or Color, (if not of the white race) White
Date of Birth, Feb'y 19th 1885
Place of Birth, (Street and Number) 211 West Pratt.
Full Name of Mother, Emma V. Yost.
Mother's Maiden Name, Gearhart
Mother's Birthplace, Balto. Md.
Full Name of Father, John Yost
Father's Occupation, Knicker
Father's Birthplace, Balto.
Name of Medical Attendant, or other Person who makes this Return Chas. D. Smith, M.D.
Address, Cor. Lee & Hanover Sts.
Remarks,

RETURN OF A BIRTH. 77537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth February 19th 1885

4. Place of Birth, (Street and Number) No 22 Pleasant St

5. Full Name of Mother, Ella Zinkhan

6. Mother's Maiden Name, " Bishop

7. Mother's Birthplace, Ohio

8. Full Name of Father, Louis H. Zinkhan

9. Father's Occupation, Minister

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address, 57 Franklin St

Remarks,

RETURN OF A BIRTH 77538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th February 1888

4. Place of Birth, (Street and Number) No 389 - Charles St

5. Full Name of Mother, Hattie Skelton

6. Mother's Maiden Name, Hattie Cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Skelton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, John A. [unclear]

Address, No 128 West St

Remarks,

RETURN OF A BIRTH 77539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
White
Feb 21 1882
May 20 1882
514 Hancock St.
Mary Schuckle
" Knight
Baltimore
Ege W. Schuckle
Bridge Layer
Baltimore
Wesley Cooke M.D.
146 Hancock St.

RETURN OF A BIRTH 77540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th
Female
White
Feb 20th 1881
146 West St
Francis Snyder
" " " " " " " "
Baltimore
John Snyder
Cook
Baltimore
Wheeler Cooke M.D.
146 Waverly
77540

RETURN OF A BIRTH.

77541

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother (state whether 1st, 2d, 3d, &c) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth: July 20th 1885

4. Place of Birth (Street and Number) 35 Scott St.

5. Full Name of Mother Mary E. Vanhollin

6. Mother's Maiden Name Mc Carthy

7. Mother's Birthplace Philadelphia Pa.

8. Full Name of Father Louis Vanhollin

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. W. Mebus M.D.

Address 298 W. Lombard St.

Remarks

RETURN OF A BIRTH 7754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 20th 1885

4. Place of Birth, (Street and Number) No. 599

5. Full Name of Mother, Elizabeth Briggan

6. Mother's Maiden Name, Ely Snyder

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, John H. Briggan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No. 658 Charles St

Remarks,

RETURN OF A BIRTH 7754³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Little Boy*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *20th of February 1885*
4. Place of Birth, (Street and Number) *corner of Calverton & Frederick Sts.*
5. Full Name of Mother, *Mrs. Schaffer Miss. Kate O'Neil*
6. Mother's Maiden Name, *Miss Kate O'Neil*
7. Mother's Birthplace, *Born Baltimore city*
8. Full Name of Father, *Mr. Edward Schaffer*
9. Father's Occupation, *Butcher by trade*
10. Father's Birthplace, *Born Baltimore county*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Keller*
- Address, *1017 west Pratt st city*
- Remarks,

RETURN OF A BIRTH. 77544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 3 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *The 20 of February 1885*
4. Place of Birth, (Street and Number) *No 28 Wiley Street*
5. Full Name of Mother, *Mary Griffin*
6. Mother's Maiden Name, *Mary Conway*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Michael Griffin*
9. Father's Occupation, *Householder*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return. *Mr. Ch. Lauer*
Address, *No 173 Hayford Ave*
Remarks, *Baltimore Md*
1885

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

77545

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c) 4th
State whether Male or Female Male
Color (if not of the white race) White
Date of Birth February 21st 1885
Place of Birth (Street and Number) 276 Franklin St
Name of Mother Mary E. Taylor
Mother's Maiden Name Mary E. Lunday
Mother's Birthplace Baltimore Md
Name of Father Curtis H. Taylor
Father's Occupation Plasterer
Father's Birthplace Burlington Ct
Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary E. Taylor

Remarks not fully developed, being but a dis-
son this child. but living

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb. 21st 85

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Fanny Lockhart

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

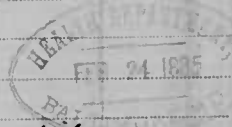
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

H. R. Nordmann

Address,

Remarks,



RETURN OF A BIRTH 77517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 21st 1893

4. Place of Birth, (Street and Number)

374 Saratoga St Baltimore Md

5. Full Name of Mother,

Margaretha Buchwald

6. Mother's Maiden Name,

Margaretha Kitchin

7. Mother's Birthplace,

Bavaria Germany

8. Full Name of Father,

Frederich George Buchwald

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ans. Minnie Graf

Address,

304 Saratoga St

Remarks,

RETURN OF A BIRTH, 77548

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb. 21/85

4. Place of Birth, (Street and Number)

24 Clarke St.

5. Full Name of Mother

Pauline M. Katenkamp

6. Mother's Maiden Name

Scharrer

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Wm. J. Katenkamp

9. Father's Occupation

Whip & Umbrella Maker

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

H. R. Feltzschoff M.D.

Address

205 W. Reddle St.

Remarks

RETURN OF A BIRTH. 77549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 21st 1885

4. Place of Birth, (Street and Number)

No. 335 W. Eden St.

5. Full Name of Mother,

Mate Gender

6. Mother's Maiden Name,

Mate Wheat

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

G. Charles Gender

9. Father's Occupation,

Oyster Packer

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

John Morris M.D.

Address,

No. 57 Franklin St.

Remarks,

RETURN OF A BIRTH 77550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb. 22nd*
4. Place of Birth, (Street and Number) *No 3 Centre Ave*
5. Full Name of Mother, *Winnie Mavers*
6. Mother's Maiden Name, *" Schmidt*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *William Mavers*
9. Father's Occupation, *Mail packer at the sun office*
10. Father's Birthplace, *Balto.*
Name of Medical Attendant, or other Person who makes this Return, *Sophia Siemens*
Address, *1070 Grand St*
Remarks,

RETURN OF A BIRTH. 77557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *2 - 22 - 85*
4. Place of Birth, (Street and Number) *Maternity Hospital*
5. Full Name of Mother, *Maggie Smith*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Kd.*
8. Full Name of Father, *_____*
9. Father's Occupation, *_____*
10. Father's Birthplace, *_____*
- Name of Medical Attendant, or other Person who makes this Return. *H. R. Nordmann M.D.*
- Address, *_____*
- Remarks, *_____*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 24 1885

4. Place of Birth, (Street and Number) 462 Federal St.

5. Full Name of Mother, Kate Craig

6. Mother's Maiden Name, " "

7. Mother's Birthplace, England

8. Full Name of Father, Wm Craig

9. Father's Occupation, Laborer

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return, J H Robinson M.D.

Address, 252 Mount Airy

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 18 85

4. Place of Birth, (Street and Number)

68 E Chase St.

5. Full Name of Mother,

Mr. L. Hennick

6. Mother's Maiden Name,

" " Lumpy

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Chas. Hennick

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Md.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Robinson M.D.

Address,

25 1/2 Greenmount Ave

Remarks,

BYEN NAME ADDED 4-25-49

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Clarence H. Smith* 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan'y 27 1885*

4. Place of Birth, (Street and Number) *50 Dolphin St.*

5. Full Name of Mother, *S. A. Smith*

6. Mother's Maiden Name, *Harkins*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *A. M. Smith*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Penn.*

Name of Medical Attendant, or other Person who makes this Return, *J. H. Robison M.D.*

Address, *25 Belmont Ave*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

January 26th 1885

4. Place of Birth, (Street and Number)

#10 N Wolfe St Extended

5. Full Name of Mother,

Julia Bowie

6. Mother's Maiden Name,

Gross

7. Mother's Birthplace,

St Marys Co Md

8. Full Name of Father,

Augustus Bowie

9. Father's Occupation,

Porter

10. Father's Birthplace,

Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return.

J. E. Frank MD

Address,

241 E Baltimore St

Remarks,

RETURN OF A BIRTH 77516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) ☒ Male ☐ Female

2. Race or Color, (if not of the white race) White FEB 24 1885

3. Date of Birth, Dec 13 87

4. Place of Birth, (Street and Number) 305 Forest

5. Full Name of Mother, Fanny Fulton

6. Mother's Maiden Name, " Burks

7. Mother's Birthplace, Ireland

8. Full Name of Father, W. W. Fretter

9. Father's Occupation, Conductor

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, J. H. Robinson M.D.

Address, 25th Green St Ave

Remarks,

RETURN OF A BIRTH 7757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 18 1884

4. Place of Birth, (Street and Number)

1442 Federal St.

5. Full Name of Mother,

A. Cook

6. Mother's Maiden Name,

A. Musgrove

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

C. Cook

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Md.

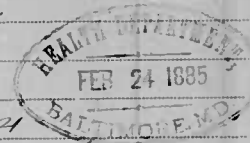
Name of Medical Attendant, or other Person who makes this Return.

J. A. Robinson Md

Address,

2517 Grand Ave

Remarks,



RETURN OF A BIRTH 77558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 24

4. Place of Birth, (Street and Number)

139 Essex St.

5. Full Name of Mother,

Annie Kane

6. Mother's Maiden Name,

Annie Turk

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Paul Kane

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Robinson

Address,

28 Mount Air

Remarks,

RETURN OF A BIRTH ⁷⁷⁵⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 27 84

4. Place of Birth, (Street and Number) 260 Forest St.

5. Full Name of Mother, Lizzie McManus

6. Mother's Maiden Name, " Linton

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, J. F. McManus

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robison M.D.

Address, 117 Green St

Remarks, _____



RETURN OF A BIRTH⁷⁷⁵⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 13 84

4. Place of Birth, (Street and Number)

33 Hallman St

5. Full Name of Mother,

Maggie Foster

6. Mother's Maiden Name,

W. Gentry

7. Mother's Birthplace,

England.

8. Full Name of Father,

A. F. Foster

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

J. H. Robinson M.D.

Address,

35th Street Ave

Remarks,

for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 11 1885

4. Place of Birth, (Street and Number) No 322 Cross street

5. Full Name of Mother, Mary Jane Smith

6. Mother's Maiden Name, Mary Jane Dyson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Smith

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mary Ann Dorsey

Address, 64 E. Woodland

Remarks, five dollars

RETURN OF A BIRTH 77562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 12

4. Place of Birth, (Street and Number)

No. 175

5. Full Name of Mother,

Elizabeth Catherine

6. Mother's Maiden Name,

Robert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Walter

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. J. Warner M.D.

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH. 77563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth Feb 25 1885

4. Place of Birth, (Street and Number) 178 S. Howard St.

5. Full Name of Mother, Sarah Jones

6. Mother's Maiden Name, Sarah Croton

7. Mother's Birthplace, Appland Lind county Va

8. Full Name of Father, Thomas Jones

9. Father's Occupation, Porter

10. Father's Birthplace, Accomack county Va

11. Name of Medical Attendant, or other Person who makes this Return. D. H. Williams

Address, 164 S. Howard St.

Remarks, fine child

By each culture to be recovered as other fees and disbursements are recoverable.

RETURN OF A BIRTH 77564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 31 1883

4. Place of Birth, (Street and Number) 10358 Hanover st

5. Full Name of Mother, Albany Strider

6. Mother's Maiden Name, Bishup

7. Mother's Birthplace, Germany

8. Full Name of Father, John Strider

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. Johnson M.D.

Address, 330 Hanover st

Remarks,

For each of the above, the Registrar of Vital Statistics, Board of Health, Baltimore City, is authorized to receive and record the same.

RETURN OF A BIRTH 77565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

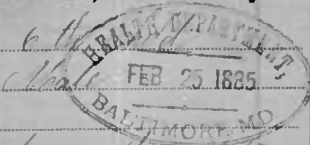
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Feb 19 1885

268 Grand St

Caroline Stahl

Hannaborn Germany

August Stahl

Tailor

Germany

Sebastian and so

330 Lancaster St

For each child to be recorded in other than an infantile are necessary.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Feb 22 nd 1885
161 Lee St.
Sallie Foster
not married
America

J. Schaeffer midwife
320 Hanover St.

for each offense to be recovered as other fees and penalties are recoverable.

RETURN OF A BIRTH. 77567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Male One Child*
1. Sex, (state whether male or female) *Colored Race*
2. Race or Color, (if not of the white race) *Male*
3. Date of Birth *Feb 23 1885*
4. Place of Birth, (Street and Number) *127 Bethel St*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Mary Johnson*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
11. Name of Medical Attendant, or other Person who makes this Return. *Lucindie Woodard*
- Address, *130 E. Howard St*
- Remarks, _____

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 23rd. 1885-*

4. Place of Birth, (Street and Number) *49 S. Schroder*

5. Full Name of Mother, *Ida Parker Thomas*

6. Mother's Maiden Name, *Mitchell*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Louis Thomas*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balto. Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *J. H. CHRISTIAN, M. D.*

Address, *506 Madison Ave.*

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷⁵⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 FEB 1885

4. Place of Birth, (Street and Number)

450 N. 11th St

5. Full Name of Mother,

Thelma Smith

6. Mother's Maiden Name,

Peters

7. Mother's Birthplace,

America

8. Full Name of Father,

Peter J. Gaddy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return,

J. J. Wasson midwife

Address,

330 Kanawha St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 2, 24, 85-

4. Place of Birth, (Street and Number) 3rd St. (County)

5. Full Name of Mother, Ella Triley

6. Mother's Maiden Name, Sparklin

7. Mother's Birthplace, Balto

8. Full Name of Father, Paid. Triley

9. Father's Occupation, Manufacturer (Cask &c)

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, Forceps

H. M. Eastman
349 N. 3rd St

Within this period above mentioned, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

25th January 1885

4. Place of Birth, (Street and Number)

S.E. Cor. Lee & Sharp Sts.

5. Full Name of Mother,

Maggie J. Rome

6. Mother's Maiden Name,

" Wood

7. Mother's Birthplace,

Belawan

8. Full Name of Father,

Andie J. Rome

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

A. V. Hodge

Address,

110 Harrison St

Remarks,

RETURN OF A BIRTH 77772

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

1st
Male
Feb. 17. 1885

131 E. Monument St.

Laura V. Story

" " Sturgeons

Centerville, Md.

Edgar L. Story

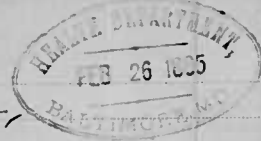
Carpenter

Centerville, Md.

G. C. Runk M.D.

Balt. & Wash. sts.

Baltimore



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 18th 1885

4. Place of Birth, (Street and Number)

No 61 N. Caroline St.

5. Full Name of Mother,

Mary Francis Sparkes.

6. Mother's Maiden Name,

Mary Frances Goss.

7. Mother's Birthplace,

Baltimore. Md.

8. Full Name of Father,

George Washington Sparkes

9. Father's Occupation,

Sailmaker

10. Father's Birthplace,

Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hannah Knowles

Address,

136 S. Caroline St. Baltimore

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female.*

Race or Color, (if not of the white race) *Colored.*

Date of Birth, *February 26 1895.*

Place of Birth, (Street and Number) *220 West St.*

Full Name of Mother, *Maney Stepney Washington and Irons.*

Mother's Maiden Name, *Maney Chislay.*

Mother's Birthplace, *Annapolis County.*

Full Name of Father, *Will Stepney.*

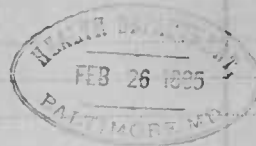
Father's Occupation, *Seaman.*

Father's Birthplace, *Annapolis County.*

Name of Medical Attendant, or other Person who makes this Return *She had no medical doctor.*

Address,

Remarks,



RETURN OF A BIRTH ⁷⁷⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

☒ Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 11th 1886

4. Place of Birth, (Street and Number)

No 7 Harris Alley

5. Full Name of Mother,

Mrs Miranda Sallers

6. Mother's Maiden Name,

Miss Miranda Harris

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Sallers

9. Father's Occupation,

Iron worker

☒ Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return,

Mrs R. A. Garrett

Address,

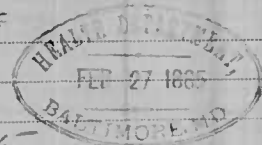
No 65 Rusker St

Remarks,

RETURN OF A BIRTH 77576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 14th 1885
4. Place of Birth, (Street and Number) # 109 Eager street
5. Full Name of Mother, Ella Winn
6. Mother's Maiden Name, Ella Hanson
7. Mother's Birthplace, Balto
8. Full Name of Father, Patrick F. Winn
9. Father's Occupation, Night Police Officer
10. Father's Birthplace, Balto
Name of Medical Attendant, or other Person who makes this Return, Henry Helleguist
Address, 182 E Monument st.
Remarks,



RETURN OF A BIRTH 77577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

First

Male

White

February 17

396 Alliceanne St

Mrs Elizabeth Wagner

Mrs Elizabeth Wagner

Baltimore

Michael Wagner

Labourer

Baltimore

Mrs R. N. Garrett

1155 Burke St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 Feb

4. Place of Birth, (Street and Number)

286 Harford Ave

5. Full Name of Mother,

Annie Gaffey

6. Mother's Maiden Name,

Annie Carroll

7. Mother's Birthplace,

Wilmington Del

8. Full Name of Father,

John W Gaffey

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

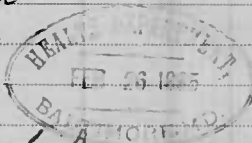
Mrs Barranger

Address,

402 Spruith and Preston St

Remarks,

Healthy Child



to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷⁵⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5th child*
- Sex, (state whether male or female) *A male child*
2. Race or Color, (if not of the white race) *color race*
3. Date of Birth, *born feb. 19. 1885 west st*
4. Place of Birth, (Street and Number) *west street between charles and hanover*
5. Full Name of Mother, *Emma Campbell*
6. Mother's Maiden Name, *Miss Emma M. Allen*
7. Mother's Birthplace, *Cambridge*
8. Full Name of Father, *James Allen*
9. Father's Occupation, *Teamster*
10. Father's Birthplace, *Namatch Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Dania Campbell*
- Address, *155 west st between charles and hanover*
- Remarks, *Not a twin*

RETURN OF A BIRTH 77580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second
White 27 1885
Baltimore 19th 1885
No 8 Cannon St
Mrs Matilda Heiser
Matilda Metz
Baltimore
John Heiser
Laborer
Baltimore
Mrs Dr. H. Smith
No 65 - Park St

RETURN OF A BIRTH ⁷⁷⁵⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 19th 1885

4. Place of Birth, (Street and Number)

69 South Mecklenburg St.

5. Full Name of Mother,

Marianne Stengel

6. Mother's Maiden Name,

Mary Kemmer.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John F. Stengel

9. Father's Occupation,

Carpet Weaver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henry Phillips

Address,

182 E. Monument St.

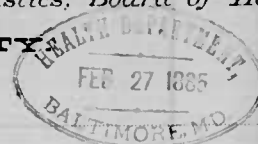
Remarks,

RETURN OF A BIRTH

77582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) J

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19.

4. Place of Birth, (Street and Number) 79 N. Race

5. Full Name of Mother, Mary F. Muth

6. Mother's Maiden Name, Mary Conrad

7. Mother's Birthplace, Balto

8. Full Name of Father, John P. Muth

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. E. Whatab & Co

Address, 114 Park

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th of Feb

4. Place of Birth, (Street and Number) 57 W. 11th St.

5. Full Name of Mother, Sadona Stapp

6. Mother's Maiden Name, " Sturmy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Stapp

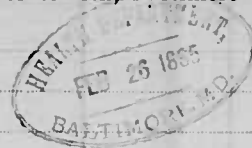
9. Father's Occupation, Leather Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 123 N. Camden St.

Remarks,



Do a line of ten dollars for each officer, to be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷⁵⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 20th 1885*

4. Place of Birth, (Street and Number) *# 247. Forrest Street*

5. Full Name of Mother, *Annie M. O'Neill*

6. Mother's Maiden Name, *Annie M. Bauman*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *John O. O'Neill*

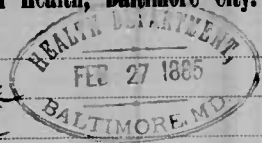
9. Father's Occupation, *Watchman*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *Spina Hillegast*

Address, *182 E Monument Street*

Remarks,



for each offence to be recovered as other and for figures are recoverable.

RETURN OF A BIRTH

77585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 3

Sex, (state whether male or female)..... female

Race or Color, (if not of the white race)..... Colored

Date of Birth,..... Feb. 21st

Place of Birth, (Street and Number) No 53. Carlton St.

Full Name of Mother,..... Harriet Smith

Mother's Maiden Name,..... Harriet Smith

Mother's Birthplace,..... Calvert County

Full Name of Father,..... Robert Woodward

Father's Occupation,..... Waiter

Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return..... Billy Blake

Address,..... 53. Carlton St

Remarks,..... G. A. May

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *21st Feb 1885*

4. Place of Birth, (Street and Number) *55 Carlton St*

5. Full Name of Mother, *Mary Bethe Downing*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Not Known*

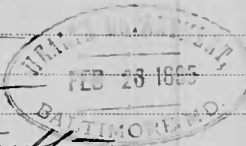
9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return *J. M. Hendley*

Address, *202 Edmondson Ave*

Remarks, *—*



to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

77587

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 22 - 1885

4. Place of Birth (Street and Number)

360 McDouglass St

5. Full Name of Mother

Kate Hammar

6. Mother's Maiden Name

Karl

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Hammar

9. Father's Occupation

Tailor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

L. Hawcett M. D.

Address

92 Mosier St.

Remarks

RETURN OF A BIRTH 77588

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Female

white
Feb. 22 1888

No 752 Dover St

Ella Kama

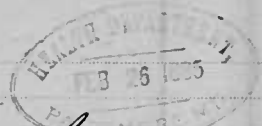
Baltimore City
William Cookley

Black man

Baltimore

Kate Cross

Baltimore Md



RETURN OF A BIRTH. 77589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth February the 22d 1865
4. Place of Birth, (Street and Number) Baltimore west st no 125
5. Full Name of Mother, Mary Bittel
6. Mother's Maiden Name, Schurkhard
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bittel
9. Father's Occupation, labour
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn
- Address, Charles st no 536
- Remarks,

RETURN OF A BIRTH. 77590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Feb 23rd 1885*

4. Place of Birth, (Street and Number) *No. 17 Cambridge St.*

5. Full Name of Mother, *Amanda Reynolds*

6. Mother's Maiden Name, *Fairly*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Reynolds*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Amend.*

Address, *No. 137 S. Wolfe St.*

Remarks, *Baltimore*

RETURN OF A BIRTH 77591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Charlie Wegworth Warner*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *February 23, 1885*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Laura Warner*

6. Mother's Maiden Name, *Laura Wegworth*

7. Mother's Birthplace,

8. Full Name of Father, *William Warner*

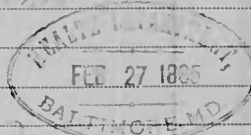
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balto Feb 24th 1885.*

4. Place of Birth, (Street and Number) *134 Chapple St.*

5. Full Name of Mother, *Maggie Schaper.*

6. Mother's Maiden Name, *Maggie Knorr.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Michael Schaper.*

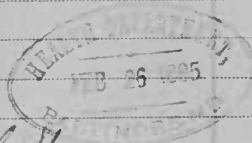
9. Father's Occupation, *Shoe Maker.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Smerel.*

Address, *132 South Wolfe St.*

Remarks, *→*



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balto 24th 1885.*

4. Place of Birth, (Street and Number) *393 Canton Ave.*

5. Full Name of Mother, *Minnie Wolf.*

6. Mother's Maiden Name, *Minnie Schabows.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Henry Wolf.*

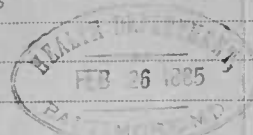
9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend.*

Address, *137 South Wolfe St.*

Remarks, *(7)*

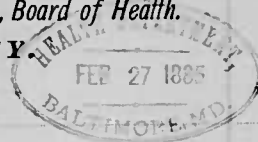


RETURN OF A BIRTH.

77594

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan'y 29, 1885

4. Place of Birth (Street and Number)

190 N. Arlington Ave., Balto. Md.

5. Full Name of Mother

Clara B. Robertson

6. Mother's Maiden Name

Clara B. Lath

7. Mother's Birthplace

Va

8. Full Name of Father

Wm. J. Robertson

9. Father's Occupation

Insurance Agent (Fire)

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

Wm. M. Vietersen, M.D.
Arlington & Hurlem Aves.

Address

Remarks

RETURN OF A BIRTH.

77595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 27 1884*

4. Place of Birth (Street and Number) *227 W. Henry St., Balto., Md.*

5. Full Name of Mother *Mrs Lizzie G. Loya*

6. Mother's Maiden Name *Miss Lizzie G. Beach*

7. Mother's Birthplace *Va*

8. Full Name of Father *Walter C. Loya*

9. Father's Occupation *Blacksmith*

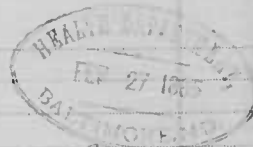
10. Father's Birthplace *Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm. McKesson M.D.
Abington & Harlem Sts.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 5th

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)..... W

3. Date of Birth..... Feb 15/85

4. Place of Birth, (Street and Number)..... 224 Laureate St

5. Full Name of Mother,..... Louise Didier

6. Mother's Maiden Name,..... Louise Northrop

7. Mother's Birthplace,..... Virginia

8. Full Name of Father,..... Eugene L. Didier

9. Father's Occupation,..... Sautographer

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return,..... D. E. Chatman

Address,..... 1111 Park

Remarks,



RETURN OF A BIRTH ⁷⁷⁵⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 21st 1885

4. Place of Birth, (Street and Number) 103 Cassin St

5. Full Name of Mother, Lizzie Mather

6. Mother's Maiden Name, Lizzie Phelps

7. Mother's Birthplace, Ann Arbor

8. Full Name of Father, George Mather

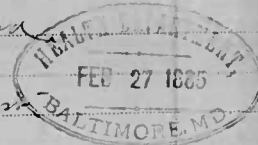
9. Father's Occupation, Wine

10. Father's Birthplace, Orange, N.J.

Name of Medical Attendant, or other Person who makes this Return, Rebecca Young

Address, 60 Jefferson St.

Remarks, _____



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th

Male

White

Feb 26 - 1885

65 W Ball.

A. J. Emerald
Paris

Balls

Indus Emerald
Smith

Imperial
779 E. Monument



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Howard Frederick
Benser

1. ☒ Male, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 24

4. Place of Birth, (Street and Number) 34 s wolf

5. Full Name of Mother, Harriet Benser

6. Mother's Maiden Name, ruby

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Benser

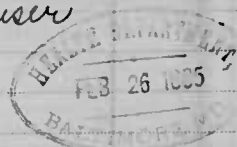
9. Father's Occupation, labor

10. ☒ Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr. Hannah Knowles

Address, 4/28/54 1401 N. St.

Remarks **NAME ADDED** 4/28/54 Log



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

77601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d of 3

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Feb. 25 - 85

Place of Birth, (Street and Number)

Chap. St. 1 Down from DuPont

Full Name of Mother,

Mrs. Annie Miller

Mother's Maiden Name,

" Konik

Mother's Birthplace,

Baltimore

Full Name of Father,

Geo. W. Miller

Father's Occupation,

Fireman

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

T. Chew Worthington M.D.

Address,

#373 W. Fayette St.

Remarks,

Brutal Labor caused by accidental

Rapture of Amnion.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 11 1885

4. Place of Birth, (Street and Number) 283 Mulberry St

5. Full Name of Mother, Mrs. Julia Ann

6. Mother's Maiden Name, Ball

7. Mother's Birthplace, Ohio

8. Full Name of Father, John E. King

9. Father's Occupation, Wagoner

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. H. H. Hill (M.D.)

Address, 23 Ed. Ave.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the fourth*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 14 - 1901*
4. Place of Birth, (Street and Number) *Belair Ave. No. 1205*
5. Full Name of Mother, *Matie Link*
6. Mother's Maiden Name, *Matie Link*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Mark*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. G. Jones*
- Address, *1205 Belair Ave.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one 1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Feb 17th 1885*

4. Place of Birth, (Street and Number) *52 Morris ally*

5. Full Name of Mother, *Rebecca Langhorn*

6. Mother's Maiden Name, *Barker*

7. Mother's Birthplace, *Wilmington N C*

8. Full Name of Father, *William Langhorn*

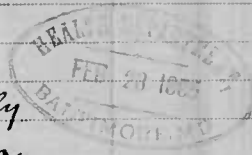
9. Father's Occupation, *waiter*

10. Father's Birthplace, *Lynchburg Va-*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁷⁷⁶⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 24 1888*

4. Place of Birth, (Street and Number) *No 40 South Dallas street*

5. Full Name of Mother, *Saura Vickers*

6. Mother's Maiden Name, *" " "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *No Account for the father*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mary Walker
No 15 Bethel street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Feb 25th 1885

4. Place of Birth, (Street and Number)

Centers Court 13

5. Full Name of Mother,

Henrietta Young

6. Mother's Maiden Name,

Stall

7. Mother's Birthplace,

St. Charles County

8. Full Name of Father,

John Henry Young

9. Father's Occupation,

Farmer

10. Father's Birthplace,

St. Charles County

Name of Medical Attendant, or other Person who makes this Return.

Dr. Edmund Johnson

Address,

17 Johnson Street

Remarks,



RETURN OF A BIRTH. 77607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child
1. ☒ r, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb 25, 1885
4. Place of Birth, (Street and Number) No 15. Thames St
5. Full Name of Mother, Katy Kasacki
6. Mother's Maiden Name, Katy Schweiscki
7. Mother's Birthplace, Germany
8. Full Name of Father, Josef Kasacki
9. Father's Occupation, Labor
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return. J. Kaufmann
Address, No. 202. S. Dallas St
Remarks, Milchwife

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

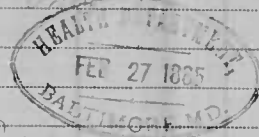
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th of February 1882*

4. Place of Birth, (Street and Number) *Highland Ave.*

5. Full Name of Mother, *Elvinn Bann*

6. Mother's Maiden Name, *Elvinn Schupfer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Johann Schupfer*

9. Father's Occupation, *Black Smith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Martin Kunkel*

Address, *77 North Chapel Street*

Remarks, *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

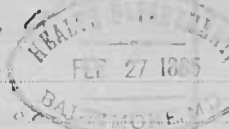
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



77611 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *born the 246 mont*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *February the 27 1885*
4. Place of Birth (Street and Number) *Baltimore 125 Chesnut ally*
5. Full Name of Mother *Mary Mobley Simpson*
6. Mother's Maiden Name *Mary M. Gibson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Asbury Hughes Simpson*
9. Father's Occupation *labor*
10. Father's Birthplace *Tollent Co Ma*
- Name of Medical Attendant, or other Person who makes this Return. *Asarah Ann Gibson*
- Address *125 Chesnut ally*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *black*
3. Date of Birth *Feb. 27 5*
4. Place of Birth, (Street and Number) *No. 210. S. Dallas St*
5. Full Name of Mother, *Frankas green*
6. Mother's Maiden Name, *Frances gurry*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *edward green*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *F. Kaufman*
Address, *No. 202. S. Dallas St*
Remarks, *childwife*

RETURN OF A BIRTH. 77613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb. 27th
4. Place of Birth, (Street and Number) No. 13th Harrison St
5. Full Name of Mother, Amy Feckbeck
6. Mother's Maiden Name, Amy Betz
7. Mother's Birthplace, Germany
8. Full Name of Father, John Feckbeck
9. Father's Occupation, Labor
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Dr. Kaufman
Address, No. 202 S. Dallas St
Remarks, Midwife

RETURN OF A BIRTH.

77614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *23rd February*

4. Place of Birth (Street and Number) *114 Welcome Alley*

5. Full Name of Mother *Mary Pully*

6. Mother's Maiden Name *Mary Pully*

7. Mother's Birthplace *Eastern Shore*

8. Full Name of Father *John Pully*

9. Father's Occupation *Laboring*

10. Father's Birthplace *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return. *Margaret Wilson*

Address *112 Welcome Alley*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

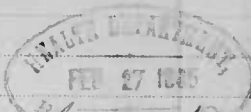
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



203 Hamling street

Feb 27 1885

Harriet Jones

Harriet Jones

Friendship

George Jones

ys for shoemaker

Baltimore City

Stadwick

1649 Chase

No 12 peach alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *February 1st.*
4. Place of Birth, (Street and Number) *130 Garden Street.*
5. Full Name of Mother, *Hannah Bantz.*
6. Mother's Maiden Name, *Chorley.*
7. Mother's Birthplace, *Ireland.*
8. Full Name of Father, *Nickle Bantz.*
9. Father's Occupation, *Cook.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby.*
- Address, *369 Cathedral Street.*
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 1st 85*

4. Place of Birth, (Street and Number) *202 Mulberry St.*

5. Full Name of Mother, *Mary E. Pletzer*

6. Mother's Maiden Name, *Mary E. Reilly*

7. Mother's Birthplace, *Ill*

8. Full Name of Father, *Samuel O. Pletzer*

9. Father's Occupation, *Iron Business*

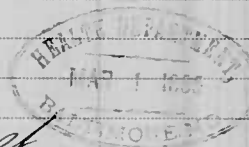
10. Father's Birthplace, *Ill*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Moller and
188 Franklin St.



RETURN OF A BIRTH 77618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 2d 1885
4. Place of Birth, (Street and Number) No 240 Bond St
5. Full Name of Mother, Barbara Stark
6. Mother's Maiden Name, Ernst
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Stark
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz
- Address, 120 Bank St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 2/85

4. Place of Birth, (Street and Number) 40 Clark St.

5. Full Name of Mother, Mary List

6. Mother's Maiden Name, Mary Simler

7. Mother's Birthplace, Md

8. Full Name of Father, Frank List

9. Father's Occupation, Grocer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



J. Miller MD
188 Franklin St.

For a fine of ten dollars for each offense, to be recovered as provided in chapter 100 of the Code of Baltimore, Md.

only person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor and shall be liable to a fine of not less than \$10 nor more than \$50 for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February the 2 1885

4. Place of Birth, (Street and Number) No 181 Columbia Ave

5. Full Name of Mother, Emmy B Harris

6. Mother's Maiden Name, Emmy B Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas B Hoffman

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mr S Kelly
or other Person who makes this Return

Address, No 197 Pratt st

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10

4. Place of Birth, (Street and Number) 1073 Sharp St

5. Full Name of Mother, Ann E. Finney

6. Mother's Maiden Name, Ann E. Pearson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Finney

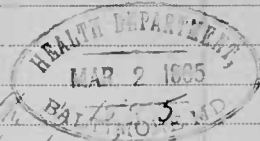
9. Father's Occupation, Clerk

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Fuller

Address, No 117 Pratt St

Remarks, _____



any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

February 3. 1886

4. Place of Birth, (Street and Number)

313 W. Adams St.

5. Full Name of Mother,....

Lillie J. Goelins

6. Mother's Maiden Name,....

Kirby

7. Mother's Birthplace,....

Baltimore

8. Full Name of Father,....

Geo. A. Goelins

9. Father's Occupation,....

Printer

10. Father's Birthplace,....

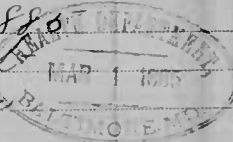
New York

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Atwell

Address, 286 M^o Donogh St.

Remarks,.....



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 14th 1885

Place of Birth, (Street and Number)

5688 Charles St

Full Name of Mother,

Catharine Minnie

Mother's Maiden Name,

"

Schultz

Mother's Birthplace,

Howard County

Full Name of Father,

James Edward Conrad

Father's Occupation,

Business

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return,

Dr. J. M. King

Address,

1 S. D. A. Hall

Remarks,



for each address to be recovered as other lines and for all other are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 4th 1885

4. Place of Birth, (Street and Number) No 7 Port Allen

5. Full Name of Mother, Lizzie Schneider

6. Mother's Maiden Name, Moke

7. Mother's Birthplace, city

8. Full Name of Father, Christian Schneider

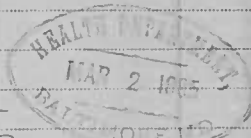
9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 20 Bank St

Remarks,



RETURN OF A BIRTH ⁷⁷⁶²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{8th}

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 5/85*

4. Place of Birth, (Street and Number) *133 N. Eutan St*

5. Full Name of Mother, *Mary E. Schamberger*

6. Mother's Maiden Name, *Mary E. Sebring*

7. Mother's Birthplace, *Ill*

8. Full Name of Father, *Henry M. Schamberger*

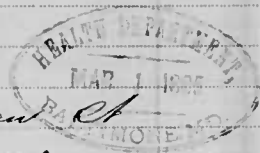
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Ill*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



J. Miller M.D.
188 Franklin St

To a fine of ten dollars for each offense, to be recovered as other laws and penalties are respectively.

RETURN OF A BIRTH ⁷⁷⁶²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}.....

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

6th Oct. 1885

4. Place of Birth, (Street and Number).....

38 Forrest St

5. Full Name of Mother,.....

Bertha Kuger

6. Mother's Maiden Name,.....

Magnum

7. Mother's Birthplace,.....

Germany

8. Full Name of Father,.....

Charles Kuger

9. Father's Occupation,.....

Clerk

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Wm. R. Selby

Remarks,.....

48 Hollman St

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Feb 6 - 1885

4. Place of Birth, (Street and Number)

No 229 E Monument

5. Full Name of Mother,

Mary E. Suter

6. Mother's Maiden Name,

" " Milburn

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm. H. Suter

9. Father's Occupation,

Engraver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 N Donogh st

Remarks,

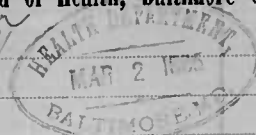


RETURN OF A BIRTH ⁷⁷⁶²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Anna Katherine Wagner*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *7 February*

4. Place of Birth, (Street and Number) *245 Green Street*

5. Full Name of Mother, *Luisa Wagner*

6. Mother's Maiden Name, *Kelly*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Wagner*

9. Father's Occupation, *Trader*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Prof. Minnif*

Address, *1 S. D. Hall St.*

Remarks,

For each address to be reported as of date and age of child at birth, the Registrar of Vital Statistics, Baltimore City, will be responsible.

RETURN OF A BIRTH

77630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 2nd 1885

4. Place of Birth, (Street and Number)

1658 Chestnut St

5. Full Name of Mother,

Jennie Dicks

6. Mother's Maiden Name,

Haffer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Edward Dicks

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Gatz

Address,

120 Bank St

Remarks,

for each office to be recovered as other fees and collections are recoverable,

77631

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

2. Race or ~~Color~~, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10 *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be recovered. As of yet, there are no guidelines on how to proceed.

City, Printer and Stationery

RETURN OF A BIRTH 77632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

Single

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th Feb 1885

4. Place of Birth, (Street and Number)

327 W Central Ave

5. Full Name of Mother,

Livonia Charles

6. Mother's Maiden Name,

North

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Fred Charles

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Switzerland Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs R. Ulberg

Remarks,

148 McPike St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February the 11th*

4. Place of Birth, (Street and Number) *Monroe st. apt. 115*

5. Full Name of Mother, *Annie E. Wynn*

6. Mother's Maiden Name, *Annie E. Wynn*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Calvert E. Wynn*

9. Father's Occupation, *Electric*

10. Father's Birthplace, *Calvert E. Wynn*

Name of Medical Attendant, or other Person who makes this Return *Mrs. J. Kelly*

Address, *10 797 Pennell st*

Remarks, _____



to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 11, 1883

4. Place of Birth, (Street and Number) No 14 Power St

5. Full Name of Mother, Mary Ellen

6. Mother's Maiden Name, Mary Lawrence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Callan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. S. J. Kelly

Address, No 797 Pratt St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth 11 February 1885
4. Place of Birth, (Street and Number) 31 South Camden St.
5. Full Name of Mother, Henrietta Katz
6. Mother's Maiden Name, Field
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Moses Katz
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Rosa Ullig
- Address, No 48 Holland St.
- Remarks, Baltimore

For each affiance to be recovered as other fine and forfeitures are recovered.

RETURN OF A BIRTH. 77636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Griffith
Male
MAR 1 1885

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

February 11, 1885

4. Place of Birth, (Street and Number)

639 N Gay St

5. Full Name of Mother,

Louisa Gill

6. Mother's Maiden Name,

Gadler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George H Gill

9. Father's Occupation,

Fishdealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary et Allwell

Address, *286 Mc Donogh St*

Remarks,

RETURN OF A BIRTH. 77637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Feb 11th

4. Place of Birth, (Street and Number) 502 E. 11th St

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Williams

Address, 404 Penna ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

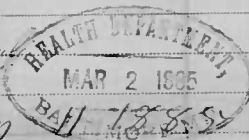
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



77638
MAR 2 1885
MAR 13 85
Slavery
Fellows St. to 115
Elizabeth Sarinolt
Elizabeth Sarinolt
Baltimore
William H. Sarinolt
Clerk
Loc. Royal V. ed
Mrs. S. Kelly
177 Pratt St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 15th 1885

4. Place of Birth, (Street and Number)

No 558 E Fayette st

5. Full Name of Mother,

Margarith Weinknecht

6. Mother's Maiden Name,

Traum

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Weinknecht

9. Father's Occupation,

Cook

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank st

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

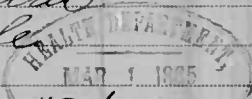
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 286 W. Donagh St

Remarks,

Third
Male



February 12, 1885

W. Dallas St

Kate Davis

Boyle

Baltimore Md

Adam Davis

Driver

Baltimore Md

Mary A. Clavell

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

February 13/88

4. Place of Birth, (Street and Number)

493 E Chase St

5. Full Name of Mother,

Agnes Spudrow

6. Mother's Maiden Name,

Gagero

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Geo. W. Spudrow

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 Mc Donogh St

Remarks,

RETURN OF A BIRTH ⁷⁷⁶⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th February*

4. Place of Birth, (Street and Number)

No. 100 Sadenhall's Baltimore

5. Full Name of Mother, *Laura Schmidt*

6. Mother's Maiden Name, *Burger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Schmidt*

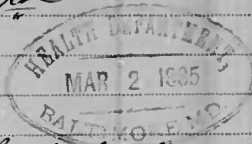
9. Father's Occupation, *Capt Driver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Rolf Mäius*

Address, *1 Sadenfull St*

Remarks,



for each certificate 10¢

RETURN OF A BIRTH. 77644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

15 February 1885

4. Place of Birth, (Street and Number)

119 Valley St.

5. Full Name of Mother,

Annie Luber

6. Mother's Maiden Name,

Maurer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Luber

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Rose Ullis

Address,

No. 48 Holland St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

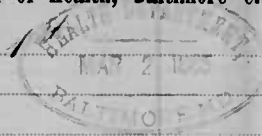
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 15th 1885

4. Place of Birth, (Street and Number) 1695 S. Bittel St.

5. Full Name of Mother, Maria Turney

6. Mother's Maiden Name, Hartwig

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolf Turney

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Betz

Address, 120 Banks St.

Remarks,

RETURN OF A BIRTH 77646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 13th 1885

4. Place of Birth, (Street and Number)

1695 S. Baitel St.

5. Full Name of Mother,

Maria Kurmessa

6. Mother's Maiden Name,

Hartung

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adolf Kurmessa

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank St.

Remarks,

RETURN OF A BIRTH ⁷⁷⁶⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ¹⁴

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 15 1885*

4. Place of Birth, (Street and Number) *127 W. Holladay St*

5. Full Name of Mother, *Amelia Maldis*

6. Mother's Maiden Name, *Musker*

7. Mother's Birthplace, *Prussia Germany*

8. Full Name of Father, *Rheinhold Maldis*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mrs. R. Ulbig*

Remarks, *118 Holladay St*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Female
White
16th Feb. 1883

446 E. Balto. St.

Katie Mabel Truman

Reaick

Washington Va.

Clarence Walter Truman

Salesman

Suffolk Va.

E. P. Bone M.D.

875 E. Balto. St.

RETURN OF A BIRTH 77649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

305

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16th Feb'y 1885

4. Place of Birth, (Street and Number)

191 Lexington St

5. Full Name of Mother,

Sarah Carrington

6. Mother's Maiden Name,

Good

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Albert Carrington

9. Father's Occupation,

Pharmacist

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Rulby

Remarks,

118 Holladay St

RETURN OF A BIRTH. 77650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

16

Feb

1885

4. Place of Birth, (Street and Number)

189

Chesler St

5. Full Name of Mother,

Katy Spencer

6. Mother's Maiden Name,

Burch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Spencer

9. Father's Occupation,

Master

10. Father's Birthplace,

Baltimore

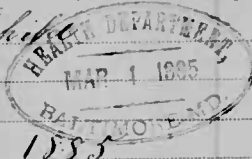
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

12 Patterson Ave

Remarks,



RETURN OF A BIRTH 77657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 16th 1885

4. Place of Birth, (Street and Number)

1646 Patterson Park Ave.

5. Full Name of Mother,

Lizzie Bohnenberg

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fredrick Bohnenberg

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Elizabeth Betz

Remarks,

RETURN OF A BIRTH 77652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First ①

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 17, 1885

4. Place of Birth, (Street and Number)

89 Mulliken Str

5. Full Name of Mother,

Berta Paul

6. Mother's Maiden Name,

Hyll

7. Mother's Birthplace,

Prussia G

8. Full Name of Father,

Chas Paul

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Prussia German

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Kulbig

Remarks,

48 Hollman Str

RETURN OF A BIRTH 77653

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race)

Date of Birth, *Feb 17 1885*

Place of Birth, (Street and Number) *221 McHenry St.*

Full Name of Mother, *Martha Hebrun*

Mother's Maiden Name, *McNulty*

Mother's Birthplace, *B. C.*

Full Name of Father, *Adam Hebrun*

Father's Occupation, *Seaman*

Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return

Samuel F. Hill M.D.
17 N. Calhoun St.

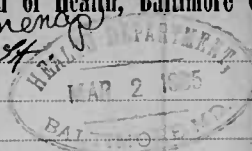
Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Name: *Anna Catherine Rose Ruemenap*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Febr. the 18. 1885*
4. Place of Birth, (Street and Number) *No. 677 Kanoveretta Baltimore*
5. Full Name of Mother, *Charlotte Louise Ruemenap*
6. Mother's Maiden Name, *Charlotte Louise Rose*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wilhelm Ruemenap*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. W. W. W. W.*
- Address, *1 Sandusky St. N.Y.*
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 10 1885*

4. Place of Birth, (Street and Number) *Mc Henry st # 357*

5. Full Name of Mother, *Louisa Albert*

6. Mother's Maiden Name, *Louisa Mueller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Albert*

9. Father's Occupation, *Barkeeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs S Kelly*

Address, *# 127 Pratt st*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mollie Christina Klebe
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19 Feb*
4. Place of Birth, (Street and Number) *1212 1/2 Hamilton Street*
5. Full Name of Mother, *Mary E. Klebe*
6. Mother's Maiden Name, *Mary E. Leitz*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Geo. H. Klebe*
9. Father's Occupation, *Cabinet Maker*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return, *Dr. J. J. McKeef*
Address, *1200 Carroll St*
Remarks,

RETURN OF A BIRTH. 77657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male Sidney

2. Race or Color, (if not of the white race) Jewish A.D. 6/7/20

3. Date of Birth 19 February 1885

4. Place of Birth, (Street and Number) 201 N. Gay St.

5. Full Name of Mother, Julia Marcus

6. Mother's Maiden Name, " Adler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ottomar Marcus

9. Father's Occupation, Shoe Dealer

10. Father's Birthplace, Hesseia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Rose Ullig

Address,

110 40 Holland St.

Remarks,

Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd. Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *February 19th.*
4. Place of Birth, (Street and Number) *83 Oak Street.*
5. Full Name of Mother, *Minnie Miller.*
6. Mother's Maiden Name, *Kelly.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Charles Miller.*
9. Father's Occupation, *Conductor.*
10. Father's Birthplace, *Pennsylvania.*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Crosby.*
- Address, *369 Cathedral Street.*
- Remarks,



RETURN OF A BIRTH. 77659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Feb 20, 1885

4. Place of Birth, (Street and Number)

529 E Bager

5. Full Name of Mother,

Kate Werner

6. Mother's Maiden Name,

Wich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lyo W Werner

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Mary A Allevell

Address, 286 W Deneigh st

Remarks,

RETURN OF A BIRTH

77660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th

4. Place of Birth, (Street and Number) 207 Lee St

5. Full Name of Mother, Eliza Laker

6. Mother's Maiden Name, Eliza Kern

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Laker

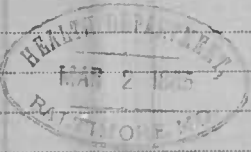
9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mink

Address, 1 Second St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 77662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

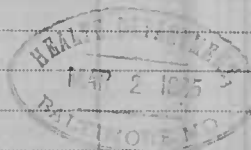
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Feb 21

Charles Str. 678

Charlotte Baur

Spanish

Germany

William Baur

Glassblower

Germany

Rich Munn

1 S. L. Ruffin St

RETURN OF A BIRTH.

77663

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 14th Forest St

4. Place of Birth (Street and Number) Feb. 21st 1885

5. Full Name of Mother Cornelia Connolly

6. Mother's Maiden Name " Brashears

7. Mother's Birthplace City

8. Full Name of Father George W. Connolly

9. Father's Occupation Iron Molder

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenty, M. D.

Address

Remarks

RETURN OF A BIRTH 7766ef

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, February 22nd 1885.

Place of Birth, (Street and Number) No 10 Bouscough St

Full Name of Mother, Francis E Towaske

Mother's Maiden Name, Francis Schiiven

Mother's Birthplace, Germany

Full Name of Father, John E Towaske

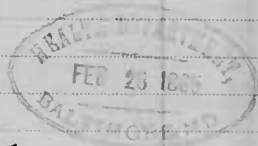
Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd St

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Jewish*

3. Date of Birth *22 February 1885*

4. Place of Birth, (Street and Number) *65 St. Guilford St.*

5. Full Name of Mother, *Rachel Warshonsky*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Wolf*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Rose Ullrich
48 Halland St. Baltimore

RETURN OF A BIRTH

77666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return.

RETURN OF A BIRTH 7767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *2 February*

4. Place of Birth, (Street and Number) *Baltimore St. 88*

5. Full Name of Mother, *Elme Tab. Chouse*

6. Mother's Maiden Name, *Chapens*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Chouse*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Pomeroy*

Address, _____

Remarks, *Leg. on hand 1st MB 248*

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH, 77669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth February the 9th

4. Place of Birth, (Street and Number) Caroline Street No 131

5. Full Name of Mother Mary Eliza Gillyeard

6. Mother's Maiden Name Mary Eliza Hustons

7. Mother's Birthplace Baltimore City M. D.

8. Full Name of Father Charles W. Gillyeard

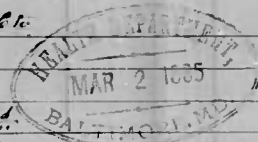
9. Father's Occupation Cannemaker

10. Father's Birthplace Baltimore City M. D.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Chambers

Address 212 W. 4th St. Baltimore Md

Remarks



RETURN OF A BIRTH 77670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *3 February*

4. Place of Birth, (Street and Number) *Lombard St. 314* *Mari Grabus*

5. Full Name of Mother, *" " Polarek*

6. Mother's Maiden Name, *Westschin - Preussen - Germ*

7. Mother's Birthplace, *Gudius Grabus*

8. Full Name of Father, *" " "*

9. Father's Occupation, *Schmager*

10. Father's Birthplace, *Westschin - Preussen - Germ*

Name of Medical Attendant, or other Person who makes this Return, *" " "*

Address, *Mrs. Mansu*

Remarks, *Lombard St 248*

RETURN OF A BIRTH 77671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *6 February*

4. Place of Birth, (Street and Number) *Pratt St. No 292*

5. Full Name of Mother, *Lizz. Schroder*

6. Mother's Maiden Name, *Frank*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Schroder*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Manser*

Address, _____

Remarks, *Lombard St. No 292*

RETURN OF A BIRTH 77672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb'y 6th 1883
4. Place of Birth, (Street and Number) 478 West St.
5. Full Name of Mother, Annie M. Macabee
6. Mother's Maiden Name, Colbourn
7. Mother's Birthplace, Annapolis Md.
8. Full Name of Father, Mathew Macabee
9. Father's Occupation, Carpenter
10. Father's Birthplace, A. A. Co. Md.
Name of Medical Attendant, or other Person who makes this Return, R. C. Lee
Address, Hancock St.
Remarks,

NOTICE

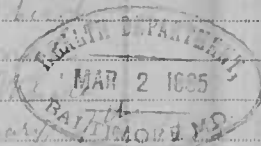
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RETURN OF A BIRTH 77676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other Person who makes this return.
Address,
Remarks,



February
21 Gore street
Bessie Schmidt
Hattie Fischer
Baltimore city
Jacob Schmidt
Butcher
Europe
Mrs Sarah G. G. G.
101 Gore street

RETURN OF A BIRTH

77674

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *7th July 1885*

Place of Birth, (Street and Number) *78 E. Lombard St. Md.*

Full Name of Mother, *Mattie Mitchell*

Mother's Maiden Name, *Mattie Waller*

Mother's Birthplace, *Charleston South Carolina*

Full Name of Father, *Charles Waller*

Father's Occupation, *Waller*

Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, *Archie Cornish*

Address, *No. 34 Boyed St Baltimore City*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *8 February*

4. Place of Birth, (Street and Number) *Lombard St. No 248*

5. Full Name of Mother, *Elsa Frese*

6. Mother's Maiden Name, *Mrs. Mamer*

7. Mother's Birthplace, *Ph. Lippstadt - Baden - Germ.*

8. Full Name of Father, *Simon Frese*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mamer*

Address, *Lombard St. No 248*

Remarks, *Lombard St. No 248*

NOTICE

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was received in the same
condition and microfilmed
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RETURN OF A BIRTH 77676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 2 1885*

4. Place of Birth, (Street and Number) *7 Potomac street*

5. Full Name of Mother, *Kate Kelly*

6. Mother's Maiden Name, *Kate Strach*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Kelly*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Miss Sarah Wilson*

Address, *104 Barclay street*

Remarks,

RETURN OF A BIRTH 77677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb'y 9th 1885

4. Place of Birth, (Street and Number)

343 N. Ann St

5. Full Name of Mother,

Rosa Jelley

6. Mother's Maiden Name,

Fitzpatrick

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Sam'l Jelley

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

Harmon St.

Remarks,

RETURN OF A BIRTH

77678

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

10th Feb. 05

Place of Birth, (Street and Number)

No 23 Bond St

Full Name of Mother

Johanna Sill

Mother's Maiden Name,

Friedrich

Mother's Birthplace,

Lindenb. H.

Full Name of Father,

Herman Sill

Father's Occupation,

Labor

Father's Birthplace,

Lindenb. H.

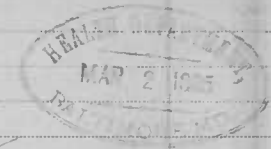
Name of Medical Attendant, or other Person who makes this Return

Mrs Anne Lindner

Address,

No 45 S. Monroe St

Remarks,



RETURN OF A BIRTH ⁷⁷⁶⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ⁹ Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 birth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *13 February*

4. Place of Birth, (Street and Number) *Lombard St. No 317*

5. Full Name of Mother, *Anna Albrecht*

6. Mother's Maiden Name, *Henrich*

7. Mother's Birthplace, *Hochstadt - Baden - Germany*

8. Full Name of Father, *Anton Albrecht*

9. Father's Occupation, _____

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H.*

Address, _____

Remarks, *Lombard St. No 248*

RETURN OF A BIRTH 77680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, 17th Feb 85

Place of Birth, (Street and Number) over 7 Parish St

Full Name of Mother, Martha B Taylor

Mother's Maiden Name, " Johnston

Mother's Birthplace, Baltimore County

Full Name of Father, William Taylor

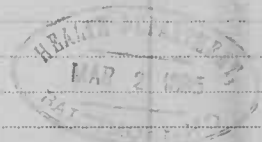
Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Anne Linch

Address, 445 S Monroe St

Remarks,



RETURN OF A BIRTH

77681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

Colored

Feb 15th 1885

42 Boyd St

Felix Jakes

Mr Jakes

Lynchburg Virginia

John Jakes

Brick molder

Howard County Md

Ann Cornish

110 34 Boyd St



RETURN OF A BIRTH

77682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First
Female

(state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Feb 16. 1885

Place of Birth, (Street and Number)

11 N. Chester

Full Name of Mother,

Mrs. Louisa J. Beauchamp,

Mother's Maiden Name,

Miss Louisa J. Dryden

Mother's Birthplace,

Somerset Co. Md.

Full Name of Father,

Capt. Wm. S. Beauchamp

Father's Occupation,

Mariner

Father's Birthplace,

Somerset Co. Md.

Name of Medical Attendant,

or other Person who makes this Return

G. Claville Luck Jr. D.

Address,

392 E. Bait. St.

Remarks, ..

Natural delivery

RETURN OF A BIRTH 776813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

18th Feb 85

Place of Birth, (Street and Number)

No 19 S. Fremont St

Full Name of Mother,

Mollie Randal

Mother's Maiden Name,

Bauer

Mother's Birthplace,

Balto

Full Name of Father,

Jack Randal

Father's Occupation,

Iron clad Paint Agent

Father's Birthplace,

Howard County

Name of Medical Attendant,

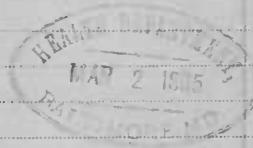
or other Person who makes this Return

Mrs Anne Lindner

Address,

No 43 S Monroe St

Remarks,



RETURN OF A BIRTH 77684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 18. May of 1885

4. Place of Birth, (Street and Number) No. 138 Lane St. Baltimore M.D.

5. Full Name of Mother, Jennie Wright

6. Mother's Maiden Name, Jennie Hemmerson

7. Mother's Birthplace, Chester County M.D.

8. Full Name of Father, William Wright

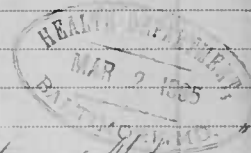
9. Father's Occupation, Farmer

10. Father's Birthplace, Chester County M.D.

Name of Medical Attendant, or other Person who makes this Return, Herbert Jackson

Address, No. 14 Douglas St. Baltimore M.D.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

19 Feb

4. Place of Birth, (Street and Number)

19 Blessing

5. Full Name of Mother,

Lucy Dora Bear

6. Mother's Maiden Name,

Esic

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Max Bear

9. Father's Occupation,

Signor Dealer

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22 E. Lombard

Remarks,



RETURN OF A BIRTH 77686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 20th 1885

4. Place of Birth, (Street and Number)

97 William St.

5. Full Name of Mother,

Mary White

6. Mother's Maiden Name,

Lawrence

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. H. White

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

Harmon

Remarks,

RETURN OF A BIRTH ⁷⁷⁶⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 6th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *20 February*
4. Place of Birth, (Street and Number) *Bale Ave*
5. Full Name of Mother, *Susana Wolf*
6. Mother's Maiden Name, *H. H. Neubauer*
7. Mother's Birthplace, *Neukirch - Bairen - Ger*
8. Full Name of Father, *Andreas Wolf*
9. Father's Occupation,
10. Father's Birthplace, *Hallstadt - Bairen - German*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mauser*
Address, *Lombard St. No 828*
Remarks,

RETURN OF A BIRTH

77688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1885, 21 Feb

4. Place of Birth, (Street and Number) 42 N. High

5. Full Name of Mother, Sarah Allfeld

6. Mother's Maiden Name, Heiman

7. Mother's Birthplace, Polen

8. Full Name of Father, Adolf Allfeld

9. Father's Occupation, Podler

10. Father's Birthplace, Polen

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,



RETURN OF A BIRTH

77689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *22nd February 1885*

Place of Birth, (Street and Number) *Point of Rocks, Maryland*

Full Name of Mother, *Molly Jackson*

Mother's Maiden Name, *Molly Jackson*

Mother's Birthplace, *Point of Rocks, Md*

Full Name of Father, *Alexander Smith*

Father's Occupation, *Welder*

Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, *Dr. W. W. Cornish*
or other Person who makes this Return.

Address, *No 34 Boyed St. City.*

Remarks,



RETURN OF A BIRTH ⁷⁷⁶⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *22 February*
4. Place of Birth, (Street and Number) *Canton Ave. No 482*
5. Full Name of Mother, *Lizzi Black*
6. Mother's Maiden Name, *" " Bellot*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Black*
9. Father's Occupation,
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1005 Francis
Leeward St. No 228

RETURN OF A BIRTH 77691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1 ☒ x, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *22 Februar*

4. Place of Birth, (Street and Number) *Lombard St. No 280*

5. Full Name of Mother, *Theresia Leimkuler*

6. Mother's Maiden Name, *" " Heine*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Leimkuler*

9. Father's Occupation, *Shumager*

10 ☒ Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Maurer*

Address, *Lombard Sts. No 285*

Remarks,

RETURN OF A BIRTH. 77672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth February 22 1872

4. Place of Birth, (Street and Number) Baltimore Charles N. 4678

5. Full Name of Mother, Kate Magaha

6. Mother's Maiden Name, Hegner

7. Mother's Birthplace, Cincinnati

8. Full Name of Father, Charles Magaha

9. Father's Occupation, Laborer

10. Father's Birthplace, Camden Co. N.J.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kithier

Address, Charles N. 4678

Remarks,

RETURN OF A BIRTH 77693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 23

4. Place of Birth, (Street and Number) 3 Myleria alley

5. Full Name of Mother, Elizabeth Kistner

6. Mother's Maiden Name, Elizabeth Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Kistner

9. Father's Occupation, sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary E. Moore

Address, 171 Madison Park Avenue

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 24th.

4. Place of Birth, (Street and Number) 150 Dover Street

5. Full Name of Mother, Elisabeth Stichel

6. Mother's Maiden Name, Geiger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Otto Stichel

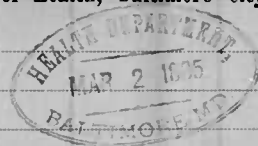
9. Father's Occupation, Cook

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, H. H. Munch. 1121, Linden Hall Street

Remarks,



RETURN OF A BIRTH. 77695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)...6

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *24 February 1885*

4. Place of Birth, (Street and Number) *148 Albemarle St.*

5. Full Name of Mother, *Mary M^cGill*

6. Mother's Maiden Name, *" Reiley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John J. M^cGill*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rose Hlsig*

Address, *48 Holland St.*

Remarks,



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Feb 24 1878*

4. Place of Birth, (Street and Number) *92 Boston St*

5. Full Name of Mother, *Annie Munter*

6. Mother's Maiden Name, *Kraut*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Munter*

9. Father's Occupation, *Liquor Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address, *12 Patterson ave*

Remarks,



RETURN OF A BIRTH. 77699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th Child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *24th February 1885*

4. Place of Birth, (Street and Number) *N. Avenue No. 17*

5. Full Name of Mother, *Martina Fairbank*

6. Mother's Maiden Name, *Martina Wray*

7. Mother's Birthplace, *St. Michel*

8. Full Name of Father, *Samuel Fairbank*

9. Father's Occupation, *Ship Joiner*

10. Father's Birthplace, *St. Michel*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 77700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, February 23rd 1885
 Place of Birth, (Street and Number) No 98 Bangle st
 Full Name of Mother, Henrietta Pfeffer
 Mother's Maiden Name, Henrietta F. Lind
 Mother's Birthplace, Germany
 Full Name of Father, John Pfeffer
 Father's Occupation, Laborer
 Father's Birthplace, Germany
 Name of Medical Attendant, Katharine Hornung
 Address, No 18 Byrd st
 Remarks,



The and deaths of illegitimate children, and the provisions of this section shall be subject to the same and penalties are recoverable.

174
The person who makes this return shall be liable to a fine of ten dollars for each

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

February 1885

4. Place of Birth, (Street and Number)

215 S. Broadway

5. Full Name of Mother.

Louise Cook

Mother's Maiden Name.

Richter

Mother's Birthplace.

Baltimore

Full Name of Father.

John Cook

Father's Occupation.

Baker

Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. S. Kraft

Address,

61 Penna Ave

Remarks.

RETURN OF A BIRTH 77702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child.*

1. Sex, (state whether male or female) *male.*

2. Race or Color, (if not of the white race) *white race.*

3. Date of Birth, *February 1st 1885*

4. Place of Birth, (Street and Number) *518 W. Pratt Street.*

5. Full Name of Mother, *Nellie Mier Brower*

6. Mother's Maiden Name, *" " Findly*

7. Mother's Birthplace, *Wilmington Del*

8. Full Name of Father, *John Frederick Brower*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Hessen Cassell Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Catharine Schubert*

Address, *439 W. Pratt Street.*

Remarks, _____

RETURN OF A BIRTH 7770⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

24 February

4. Place of Birth, (Street and Number)

Harvard St 113

5. Full Name of Mother,

Mary E Warner

6. Mother's Maiden Name,

Jones

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Alex Warner

9. Father's Occupation,

Wholesale Dealer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

A Wilson

Address,

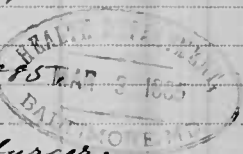
Harvard St 314

Remarks,

RETURN OF A BIRTH 77/04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d.
Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Feby 3^d 1885
4. Place of Birth, (Street and Number) 94 Hill St.
5. Full Name of Mother, Mary C. Freeburger.
6. Mother's Maiden Name, " Romoser.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Carroll S. Freeburger.
9. Father's Occupation, Bookkeeper.
10. Father's Birthplace, Balto City.
Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.
Address, 152 Sharp. St.
Remarks, _____



RETURN OF A BIRTH 77705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Red

3. Date of Birth,

Feb 4

4. Place of Birth, (Street and Number)

114 - Cross St

5. Full Name of Mother,

Elisebeth Martin
Praisner

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Martin

9. Father's Occupation,

Signal

10. Father's Birthplace,

Balto

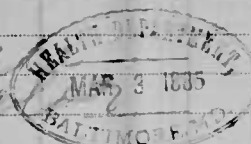
Name of Medical Attendant, or other Person who makes this Return.

Dr. Wilson

Address,

Harvard St 314

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, January 4, 1885

4. Place of Birth, (Street and Number) 213 S. Durham St.

5. Full Name of Mother, Frederick Bender

6. Mother's Maiden Name, Sophia

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Bender

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Wright

Address, 33 S. Durham St.

Remarks, _____

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷⁷⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7, d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th February 11th 1880

4. Place of Birth, (Street and Number) Essex St 552

5. Full Name of Mother, Marie Hillmer

6. Mother's Maiden Name, Marie Lange

7. Mother's Birthplace, Hermannsburg (Hanover)

8. Full Name of Father, Wilhelm Hillmer

9. Father's Occupation, Builder

10. Father's Birthplace, Linden (Hanover)

11. Name of Medical Attendant, or other Person who makes this Return, John G. L. Lamm

Address, East Baltimore St 172

Remarks,

If this card is not filled out, it will be subject to the fine of ten (10) dollars.

RETURN OF A BIRTH

77708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7-8 Twins

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 6 - 1880

4. Place of Birth, (Street and Number)

S. Caroline

5. Full Name of Mother,

Katharina Schmidt

6. Mother's Maiden Name,

Gierauf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Schmidt

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Skins

Address,

151 E. Pratt St.

Remarks,

RETURN OF A BIRTH ⁷⁷⁷⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 6 1880

4. Place of Birth, (Street and Number) Baltimore, p.d. 681 Hamberg St

5. Full Name of Mother, Margaret Spence

6. Mother's Maiden Name, Margaret Gaenberger

7. Mother's Birthplace, Baltimore, Md. D.

8. Full Name of Father, Richard Perry Spence

9. Father's Occupation, Coon Marker

10. Father's Birthplace, Baltimore, Md. D.

Name of Medical Attendant, or other Person who makes this Return Miss M. Shaffer

Address, 373 Hamberg St

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male

colored

Feb 6th 185

86 Prince Street

Maria Moore

Maria Thayer

King George, Va

Alexandria, Moore

Coachman

Harford Co. Md

Hester Holence

39 E. Monument Street



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ...

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Jan 7th 1855

4. Place of Birth, (Street and Number)

26 Baltimore St.

5. Full Name of Mother,

Mary Hazell

6. Mother's Maiden Name,

Mary Webb

7. Mother's Birthplace,

Essex County, Va.

8. Full Name of Father,

William Hazell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Essex County, Va.

Name of Medical Attendant, or other Person who makes this Return

Hester Holman

Address,

39 Monument Street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, February 9, 1892
4. Place of Birth, (Street and Number) 36 W. 4th Street
5. Full Name of Mother, Mary Gray
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Gray
9. Father's Occupation, Librarian
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mr. James H. H. H.
- Address, 355 Canton Street
- Remarks, _____

In a line of ten dollars for each offense to be recorded in other lines in 1 pennies are recoverable.

RETURN OF A BIRTH 7771⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 8th

4. Place of Birth, (Street and Number)

469 Saratoga St

5. Full Name of Mother,

Susanna Rachner

6. Mother's Maiden Name,

Strail

7. Mother's Birthplace,

German

8. Full Name of Father,

John C. Rachner

9. Father's Occupation,

shoemaker

10. Father's Birthplace,

German

Name of Medical Attendant, or other Person who makes this Return,

Miss Anna Dummer

Address,

60 North Schroeder Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25, 1885
4. Place of Birth, (Street and Number) 14-8 South Hill St.
5. Full Name of Mother, Laura Greenbaum
6. Mother's Maiden Name, Horowitz
7. Mother's Birthplace, Polen
8. Full Name of Father, Isaac Greenbaum
9. Father's Occupation, Sales
10. Father's Birthplace, Polen
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louis Kraft
- Address, 358 Canton St.
- Remarks,

RETURN OF A BIRTH 77715

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

Sex, (state whether male or female).

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 9th 85

Place of Birth, (Street and Number)

72 1/2 George

Full Name of Mother,

Emma Michael

Mother's Maiden Name,

" Mahn

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Michael

Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Thomas Opie M.D.

Address,

179 N. Howard St

Remarks,

within the period above specified, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec. 8th / 85

4. Place of Birth, (Street and Number)

28 Bellm. ave

5. Full Name of Mother,

Jennie Johnson

6. Mother's Maiden Name,

Jennie Wallace

7. Mother's Birthplace,

Ballo Md

8. Full Name of Father,

John Johnson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Ballo Md

Name of Medical Attendant, or other Person who makes this Return

Rester Wallace

Address,

39 E. Monument St

Remarks,

77777

Febr 2.

4. Hall 4

John Thomas King

St. Louis

120

190
1901

Hecks + 1

13. 11. 1911

who
re. *Mr. John P. Russell*

184

Let it be remembered, that any person who neglects to register the birth of his child, or who registers the birth of his child in a false or fraudulent manner, or who registers the birth of his child in a manner which shall be deemed to be fraudulent, shall be liable to a fine of ten dollars for each offence, and any such person or persons who shall be so liable, shall be subject to the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.///18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

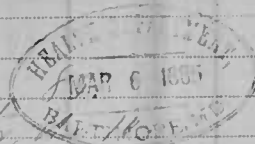
9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return,.....

Address,.....

Remarks,.....



RETURN OF A BIRTH. 777'9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

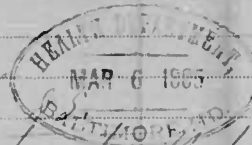
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Appl. to
W. B. Register
Laurenz Sch. He
E. Sch. He
Washington D. C.
Gabriel Sch. He
Police
Balt
Wm. F. Brumbaugh
111 W. 111

RETURN OF A BIRTH. 77720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Pauline Fredericka Bleckschmidt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

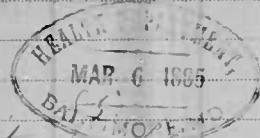
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall transmit in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77721

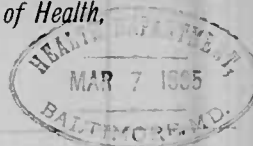
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d,*
1. Sex, (state whether male or female) *Maedchen*
2. Race or Color, (if not of the white race) *weiss*
3. Date of Birth, *4/2 5:45 AM*
4. Place of Birth, (Street and Number) *Dea. K. 11*
5. Full Name of Mother, *Marie Wood*
6. Mother's Maiden Name, *Marie Bowers*
7. Mother's Birthplace, *Wilmington*
8. Full Name of Father, *Frank Wood*
9. Father's Occupation, *Superintendent*
10. Father's Birthplace, *Born Philadelphia*
- Name of Medical Attendant, or other Person who makes this Return, *Jebsen*
- Address, *Johanna Grube Biddels 103*
- Remarks,

RETURN OF A BIRTH.

77772

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb-11th 1885

4. Place of Birth (Street and Number)

50 Hoffman St.

5. Full Name of Mother

Kate Connor

6. Mother's Maiden Name

Kate Clark

7. Mother's Birthplace

England

8. Full Name of Father

Frank Connor

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. Watson

Address.

437 N. Central Ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 12 - 1885

4. Place of Birth, (Street and Number)

106. Eastern Ave.

5. Full Name of Mother,

Rosie Beck

6. Mother's Maiden Name,

Heinrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Beck

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

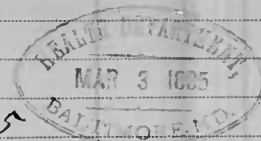
Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

101 E. Pratt St.

Remarks,



RETURN OF A BIRTH

777 25

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Female.

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Feb 12/85.

3. Date of Birth,

16 D. Strickman.

4. Place of Birth, (Street and Number)

Annie Farden

5. Full Name of Mother,

" Ruttingford

6. Mother's Maiden Name,

Washington D.C.

7. Mother's Birthplace,

Isaac D. Farden

8. Full Name of Father,

D.D. Official

9. Father's Occupation,

Washington D.C.

10. Father's Birthplace,

Thomas Opie M.D.

Name of Medical Attendant, or other Person who makes this Return.

179 N. Howard St.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

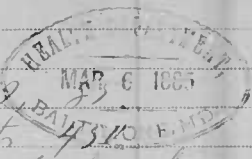
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Febr. 18
Tayette St
Schaeffer B. Schaeffer
Ball
Balt.
Griffing B. Schaeffer
City of Balt.
Balt.
Wm. John Presbuck
S. W. 14

RETURN OF A BIRTH 77727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *February 13th 1885*

4. Place of Birth, (Street and Number) *153 Montgomery St.*

5. Full Name of Mother, *Josephine Beacham.*

6. Mother's Maiden Name, *" Pattison.*

7. Mother's Birthplace, *Balto. City.*

8. Full Name of Father, *George Beacham.*

9. Father's Occupation, *Carpenter.*

10. Father's Birthplace, *Balto. City.*

Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall, M.D.*

Address, *152 Sharp St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of February

4. Place of Birth, (Street and Number) No. 8 N. Wall St.

5. Full Name of Mother, Kath^e Meyer

6. Mother's Maiden Name, = Schutte

7. Mother's Birthplace, Papenburg (Glanmores) Germ

8. Full Name of Father, Lambert Meyer

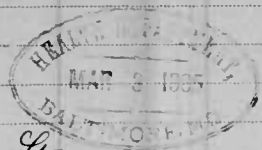
9. Father's Occupation, Engineer

10. Father's Birthplace, Papenburg

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Behnken

Address, 434 Lancaster St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, February 13th 1885.
4. Place of Birth, (Street and Number) 48 Hanover St.
5. Full Name of Mother, Ella Bradshaw.
6. Mother's Maiden Name, " North.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Julian J. Bradshaw.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Dorchester Co., Md.
- Name of Medical Attendant, or other Person who makes this Return, R. J. N. Tall, M.D.
- Address, 152 Sharp. St.
- Remarks, _____

RETURN OF A BIRTH 77730

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 13th 1885

4. Place of Birth, (Street and Number)

5th Woodward St

5. Full Name of Mother.

Maggie Gidea

6. Mother's Maiden Name.

Maggie Amey

7. Mother's Birthplace,

Balt Md

8. Full Name of Father.

David Gidea

9. Father's Occupation,

Bricklayer

10. Father's Birthplace.

Balt Md

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham, M.D.

Address.

136 Columbia Ave

Remarks.

RETURN OF A BIRTH. 777³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 14 February 1885 (A Vital Valentine)

4. Place of Birth, (Street and Number) 444 E. Federal St

5. Full Name of Mother, Rachel Grace Vansant

6. Mother's Maiden Name, Morse

7. Mother's Birthplace, Md

8. Full Name of Father, Wm M Vansant

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return.

A. Lane Taneyhill

Address,

219 Madison Ave.

Remarks,

RETURN OF A BIRTH ⁷⁷⁷³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *Feb 14th 1898*

4. Place of Birth, (Street and Number) *St. Peter St. No. 54*

5. Full Name of Mother, *Deanna Peters*

6. Mother's Maiden Name, *Deanna Lamm*

7. Mother's Birthplace, *Kunstach, Bavaria, Germany*

8. Full Name of Father, *Emil Peters*

9. Father's Occupation, *Machineist*

10. Father's Birthplace, *Schwarbach, Prussian*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Katherine Seebach*

Address, *437 West Pratt Street*

Remarks,

should no other person be in attendance upon the mother, or of a practitioner of midwifery, or of the parent or parents of such child to report its birth to the Board of Health, in the case of illegitimate children, and any person or persons who violate this provision shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

21

Female

Feb 15 1885

Baltimore Cross St 10524

Mary Jane Bailey

Mary Jane Adams

Baltimore

Charles A. Bailey

Shining Rock

Baltimore

Mrs M. Shaffer

373 Hunting St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 15th 1857

4. Place of Birth, (Street and Number)

50 Monument Street

5. Full Name of Mother,

Laura Boyer

6. Mother's Maiden Name,

Laura Krite

7. Mother's Birthplace,

Frederick, Md.

8. Full Name of Father,

Richard Boyer

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore, Md.

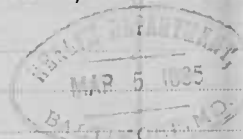
Name of Medical Attendant, or other Person who makes this Return

Heater Leance

Address,

37 Monument Street

Remarks,



RETURN OF A BIRTH 77735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY,

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Male.

Sex, (state whether male or female)...

Race or Color, (if not of the white race)

White.

Date of Birth,

February 5th 84.

Place of Birth, (Street and Number)

No 4. Carroll St.

Full Name of Mother,

Mathe Myrle

Mother's Maiden Name,

Mathe C. L. H.

Mother's Birthplace,

Chataque County.

Full Name of Father,

Thorge Mrs.

Father's Occupation,

Laborer

Father's Birthplace,

Chataque County

Name of Medical Attendant, or other Person who makes this Return

Mrs. Edw. Saddle.

Address,

No 4 New St.

Remarks,

C.

RETURN OF A BIRTH ⁷⁷⁷³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *February 15th 1885*

4. Place of Birth, (Street and Number) *No. 878 W. Baltimore St.*

5. Full Name of Mother, *Christina Loechel*

6. Mother's Maiden Name, *" Bergen.*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Konrad Loechel.*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Leckenbach. Hessen.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dumbler.*

Address, *60. North Schrader Street*

Remarks, _____

RETURN OF A BIRTH. 77737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

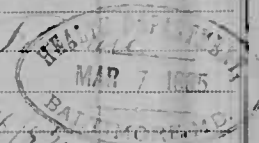
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 16, 1885
24 Hammond Street
Katie Rolfers
Boonville
Baltimore
Benjamin Rolfers
Housekeeper
Baltimore
Mrs. Louise Rolfers
358 Canton Street

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 16th 1885

4. Place of Birth, (Street and Number)

218 N. Lombard St.

5. Full Name of Mother,

Helen Leviwin.

6. Mother's Maiden Name,

" Oberndorf.

7. Mother's Birthplace,

Balto City.

8. Full Name of Father,

Samuel Leviwin

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return,

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH 77739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19 of February*

4. Place of Birth, (Street and Number) *63 Luzerne St Canton*

5. Full Name of Mother, *Kathu Schmeiser*

6. Mother's Maiden Name, *= Diefler*

7. Mother's Birthplace, *Wiesenfels (Bavaria)*

8. Full Name of Father, *John Schmeiser*

9. Father's Occupation, *Beer Saloon*

10. Father's Birthplace, *Wiesenfels Bavaria*

Name of Medical Attendant, or other Person who makes this Return. *Mrs G. Behnken*

Address, *434 Lancaster St.*

Remarks, *Canton*



RETURN OF A BIRTH. 77740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb. 19/1885

4. Place of Birth, (Street and Number)

79 Collin st.

5. Full Name of Mother,

Eleanor Watson

6. Mother's Maiden Name,

Carr

7. Mother's Birthplace,

Worcester

8. Full Name of Father,

Walter H. Watson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Worcester, Mass.

Name of Medical Attendant, or other Person who makes this Return.

W. Shattuck

Address,

1437 E. Lake St.

Remarks,

to attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in any other dire and convenience are recoverable.

RETURN OF A BIRTH. 7774'

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

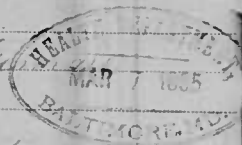
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 19/85

215 N. Bond Street

Emma C. W. W. W.

Samuel

England

Charles W. W.

Librarian

Germany

Mrs. James H. Wright

338 Union St.

RETURN OF A BIRTH 77742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 19th

4. Place of Birth, (Street and Number) Lemon Street No. 35.

5. Full Name of Mother, Eva Magdalena Reith

6. Mother's Maiden Name, Eva Magdalena Glas.

7. Mother's Birthplace, Hattenmerelheim, Germany.

8. Full Name of Father, Gottlob Friedrich Hermann Reith.

9. Father's Occupation, Machinist

10. Father's Birthplace, Arolia, Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Anna Reith

Remarks, 60 North Schroeder Street

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

February 20th 1885

4. Place of Birth, (Street and Number)

60 Biddle Alley

5. Full Name of Mother,

Hester A. Lawrence

6. Mother's Maiden Name,

7. Mother's Birthplace,

Caroline County Md

8. Full Name of Father,

Charles Edward Lawrence

9. Father's Occupation,

Oystershucker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

A. N. Bond M.D.

Address,

316 Franklin St.

Remarks,

Did not attend until some hours after birth

RETURN OF A BIRTH 77744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

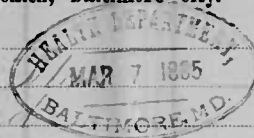
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 20,
125 Centre Street

Mary Tassard's
Sons

Baltimore

Sam Tassard's

Seaman

Baltimore

Mrs. James H. H. H.

355 Centre Street

RETURN OF A BIRTH 77745

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
 Sex, (state whether male or female) *male*
 Race or Color, (if not of the white race) *Colord*
 Date of Birth, *the 21 of February 1885*
 Place of Birth, (Street and Number) *Mount St. Extendis*
 Full Name of Mother, *Minnie Gaskins*
 Mother's Maiden Name, *Minnie Gaskins*
 Mother's Birthplace, *Wes. Virginia*
 Full Name of Father, *Richard Dyson*
 Father's Occupation, *Laborer*
 Father's Birthplace, *Caseth shore queen town*
 Name of Medical Attendant, or other Person who makes this Return *Elizabeth Foster*
 Address, *405 Vincens alley*
 Remarks, *is fine. and no difficulty.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. ☒ (state whether male or female) Female

2. Race or Color, (if not of the white race) Cal

3. Date of Birth, Feb 29

4. Place of Birth, (Street and Number) 29 Bruce Street City

5. Full Name of Mother, Ellen E. Brown

6. Mother's Maiden Name, Ellen E. Hall

7. Mother's Birthplace, Prague, Georgia Co

8. Full Name of Father, Philip C. Brown

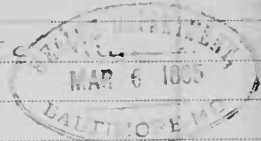
9. Father's Occupation, Quarryman

10. ☒ Father's Birthplace, Madison, La

Name of Medical Attendant, or other Person who makes this Return Mrs. E. Damsch

Address, No 827 Lombard St.

Remarks, _____



RETURN OF A BIRTH 77747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 22nd Feb. 1886

4. Place of Birth, (Street and Number) 135 Maryland Ave.

5. Full Name of Mother, Sophia Wietcher.

6. Mother's Maiden Name, Sophia Wietcher.

7. Mother's Birthplace, Europe.

8. Full Name of Father, Edward Wietcher.

9. Father's Occupation, Bakery.

10. Father's Birthplace, Europe.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Katharine Schick

Address, 437 West Pratt Street

Remarks,

Any person who shall neglect to file a return of a birth as required by law, or who shall file a false return, shall be liable to a fine of ten dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 77748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *22 Day of February*
4. Place of Birth, (Street and Number) *65 North St*
5. Full Name of Mother, *Frankiska. Wiegman.*
6. Mother's Maiden Name, *Strasser.*
7. Mother's Birthplace, *Chamunster*
8. Full Name of Father, *John. P. Wiegman*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Indusdorf*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. A. Wiegman*
- Address, *65 North Schroeder Street*
- Remarks,

RETURN OF A BIRTH 77749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.
Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Feby. 22nd 1885
4. Place of Birth, (Street and Number) S. E. Cor. Hanover & Madison St.
5. Full Name of Mother, Clara Knorr.
6. Mother's Maiden Name, " Stewart.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Louis J. Knorr.
9. Father's Occupation, Grocer.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other Person who makes this Return, R. J. W. Tall. M.D.
Address, 15 E. Sharp. St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *22nd February 1885*

4. Place of Birth, (Street and Number) *544 S. Charles St*

5. Full Name of Mother, *Ida Hoffman*

6. Mother's Maiden Name, *Ida Rausch*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Wm E. Hoffman*

9. Father's Occupation, *Paper Hanger*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *Wm W. Barnes, M.D.*

Address, *317 N. Calver St*

Remarks,

DO NOT WRITE IN THESE SPACES. THE INFORMATION HEREON IS TO BE RETURNED TO THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY.

RETURN OF A BIRTH 77751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Frank (Harry) Fink*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *22 day of February*
 4. Place of Birth, (Street and Number) *23 Portland St Balto. Md.*
 5. Full Name of Mother, *Pauline Waldmann Fink*
 6. Mother's Maiden Name, *Pauline Waldmann*
 7. Mother's Birthplace, *Hörsing*
 8. Full Name of Father, *Franz Fink*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Dubenz*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. Catherine Schubert*
 Address, *157 Hart St Balto. Md.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Baltimore Feb 22

4. Place of Birth, (Street and Number)

Baltimore Sharp St No 273

5. Full Name of Mother,

Julia Langlotz

6. Mother's Maiden Name,

Julia Dean

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Langlotz

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. Langlotz

Address,

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH. 777563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

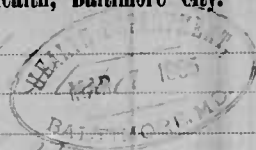
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 17, 1905
121 Clark Street

Rosa Sarte

Steel

Baltimore

John Sarte

Laborer

Baltimore

Mrs. Louise Wright

358 Canton St.

RETURN OF A BIRTH. 77754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

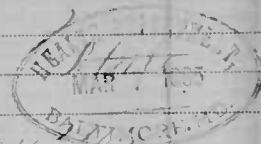
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 1904

258 Pratt Street

Samuel L. Smith

Beckmann

Baltimore

David L. Smith

Barber

Baltimore

Mrs. Samuel Smith

338 Lombard Street

RETURN OF A BIRTH 7775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd February*

4. Place of Birth, (Street and Number) *312 Lancaster St. Canton*

5. Full Name of Mother, *Mary Weiskert*

6. Mother's Maiden Name, *=*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *=*

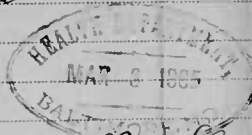
9. Father's Occupation, *=*

10. Father's Birthplace, *=*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. E. Behrken*

Address, *434 Lancaster St*

Remarks, *=*



RETURN OF A BIRTH 77756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *23^d of Feb. 1885.*

4. Place of Birth, (Street and Number) *35 Lexington Ave.*

5. Full Name of Mother, *Catherine B. Holmes.*

6. Mother's Maiden Name, *Catherine B. Angelmier.*

7. Mother's Birthplace, *Baltimore City.*

8. Full Name of Father, *Henry W. Holmes.*

9. Father's Occupation, *Baker.*

10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Dummer*

Address, *60. ~~St.~~ A. Schroeder St.*

Remarks,

RETURN OF A BIRTH 77757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feby. 23^d 1885

4. Place of Birth, (Street and Number)

S. W. Cor. Light & Weyler Sts.

5. Full Name of Mother,

Anna Lindeman,

6. Mother's Maiden Name,

" Norman.

7. Mother's Birthplace,

York, Pa.

8. Full Name of Father,

Gustav Lindeman,

9. Father's Occupation,

Druggist.

10. Father's Birthplace,

Balt. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall, M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH. 7/7/85

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Feb. 23. 1885 one o'clock A.M.

4. Place of Birth, (Street and Number) 44 E. Lehigh St. Baltimore

5. Full Name of Mother, Elizabeth J Shipley

6. Mother's Maiden Name, Martin

7. Mother's Birthplace, Penna

8. Full Name of Father, C Wesley Shipley

9. Father's Occupation, R.R. Engineer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Daneyhill

Address, 219 Madison Ave

Remarks, Instruments and chloroform.

RETURN OF A BIRTH 77759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Feb 23 85

4. Place of Birth, (Street and Number) 137 German St

5. Full Name of Mother, Gertrude Paine

6. Mother's Maiden Name, Barclay

7. Mother's Birthplace, Northumberland Co Va

8. Full Name of Father, Jerry Paine

9. Father's Occupation, Waiter north - Co Va

10. Father's Birthplace, north - Co Va

Name of Medical Attendant, or other Person who makes this Return, Miss Ann Cornish

Address, 34 Boyd St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 1. 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 1893

4. Place of Birth, (Street and Number) No. 534 1st Lombard st

5. Full Name of Mother, Mrs. Mary L. Galtier

6. Mother's Maiden Name, " Mary L. Galtier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adison Galtier

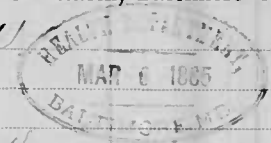
9. Father's Occupation, Miller

10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other Person who makes this Return Mrs. J. C. Galtier

Address, No. 827 Lombard st

Remarks, _____



to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 23*

4. Place of Birth, (Street and Number) *Baltimore Cloumia Av No 175*

5. Full Name of Mother, *Georgia Grefter*

6. Mother's Maiden Name, *Georgia Beck*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Albert Grefter*

9. Father's Occupation, *Piano Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs M. Shaffer*

Address, *373 Hamburg St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

41 Monument Street

4. Place of Birth, (Street and Number)

Feb. 23^d, 1885

5. Full Name of Mother

Annie L. Whalley

6. Mother's Maiden Name

Annie Moody

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Raymond L. Whalley

9. Father's Occupation

Writer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Heater Abolence

Address

39 Monument Street

Remarks

NOTICE

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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH 77763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23 1885

4. Place of Birth, (Street and Number)

238 Lombard St.

5. Full Name of Mother,

Fannie Cohen

6. Mother's Maiden Name,

Goldberg

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Isid. Cohen

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return,

W. V. Nichols

Address,

57 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24th of February*

4. Place of Birth, (Street and Number) *No Number Robt St. Canton*

5. Full Name of Mother, *Anna Fiedler*

6. Mother's Maiden Name, *Löffler*

7. Mother's Birthplace, *Lehm Barasia*

8. Full Name of Father, *Georg Fiedler*

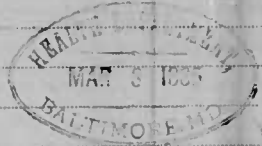
9. Father's Occupation, *Labehn*

10. Father's Birthplace, *Puffik Barasia*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Behnken*

Address, *434 Lancaster St*

Remarks, *Canton*



RETURN OF A BIRTH. 77765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

11. Name of Medical Attendant, or other Person who makes this Return,.....

Address,.....

Remarks,.....

For each offense to be recovered as other fees and forfeitures are recovered.

RETURN OF A BIRTH. 77766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *24 July 1885*
4. Place of Birth, (Street and Number) *No 61 Frederick St*
5. Full Name of Mother, *William*
6. Mother's Maiden Name, *Anna Magdalen Brouss*
7. Mother's Birthplace, *Schlossengutlein*
8. Full Name of Father, *Auf der Elbe*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Auf der Elbe*
- Name of Medical Attendant, or other Person who makes this Return. *Babette Reis midwife*
- Address, *28 N Frederick St*
- Remarks,

RETURN OF A BIRTH.

77767

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Feb 24 1885*

4. Place of Birth (Street and Number) *289 Balweg st*

5. Full Name of Mother *Jessie Peters*

6. Mother's Maiden Name *Ann West*

7. Mother's Birthplace *Eastern shore Virginia N.C. Co.*

8. Full Name of Father *Emmet Peters*

9. Father's Occupation *Shoemaker on Contractors work*

10. Father's Birthplace *Busick County Virginia*

Name of Medical Attendant, or other Person who makes this return

Address *Margaret Goldsborough
270 18 Carlton st*

Remarks



RETURN OF A BIRTH 77768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child of mother

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th of February 1885

4. Place of Birth, (Street and Number) 408 North Penna street

5. Full Name of Mother, Sophia Slaughter

6. Mother's Maiden Name, Sophia Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William S. Slaughter

9. Father's Occupation, Cleaning Ward

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. Annie Bange

Address, 426 Cross St

Remarks,

RETURN OF A BIRTH. 77769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth *February the 24th*

4. Place of Birth, (Street and Number) *Baltimore Hues St No 121*

5. Full Name of Mother, *Ella Bush*

6. Mother's Maiden Name, *Dyels*

7. Mother's Birthplace, *Henderson Md*

8. Full Name of Father, *John C. Bush*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Caroline Co Md*

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hubben*

Address, *Charles St No 526*

Remarks,

RETURN OF A BIRTH 77770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

23

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24th 1885

4. Place of Birth, (Street and Number)

17 Jordan Alley

5. Full Name of Mother,

Harriet Spriggs

6. Mother's Maiden Name,

Mary

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Columbus Spriggs

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Lucy Loomis

Address,

13 Jordan Alley

Remarks,

RETURN OF A BIRTH.

7777'

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Feb. 24th 1885

4. Place of Birth (Street and Number)

638 W. Baltimore St.

5. Full Name of Mother

Annie Marsh

6. Mother's Maiden Name

Betty

7. Mother's Birthplace

Balto.

8. Full Name of Father

Chas O. Marsh

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return

W. D. Booker, M.D.

Address

157 Park Av.

Remarks



RETURN OF A BIRTH. 77772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

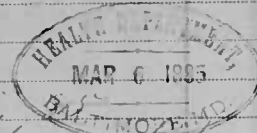
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



John 25.
4. Durham St. No 65.
Susan J. Jany
Klein
Balt.
Johann Jany
Teacher
Balt.
Wm. Lab. Brainerd
J. W. Wolf M

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 25th 1895*

4. Place of Birth, (Street and Number) *189 George Street*

5. Full Name of Mother, *Lena M. Heining*

6. Mother's Maiden Name, *Lena M. Haselager*

7. Mother's Birthplace, *413 South Street Baltimore*

8. Full Name of Father, *George Heining*

9. Father's Occupation, *Correspondent Secretary & Confidential Clerk*

10. Father's Birthplace, *43 Walnut Street Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Katharine Seckman*

Address, *432 West Pratt Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH. 77775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 25 1915

4. Place of Birth, (Street and Number)

476 Pennsylvania Ave

5. Full Name of Mother,

Carolina Krummeyer

6. Mother's Maiden Name,

Carolina Witt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Krummeyer

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. A. ...

Address,

404 Pennsylvania Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1 ☒ Male, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 Feb. 1885

4. Place of Birth, (Street and Number) 42 Somerset St Baltimore

5. Full Name of Mother, Maggie Ellen Eller

6. Mother's Maiden Name, Maggie Ellen Wilson

7. Mother's Birthplace, Jefferson Co. N. Va.

8. Full Name of Father, Conrad Eller

9. Father's Occupation, Shoemaker

10 ☒ Father's Birthplace, Germanie

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Woodson

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. ☒ Male, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 23rd

4. Place of Birth, (Street and Number) 200 East St

5. Full Name of Mother, Mary Kening

6. Mother's Maiden Name, Mary Deatic

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Kening

9. Father's Occupation, Labourer

10. ☒ Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Nash

Address,

Remarks,

RETURN OF A BIRTH 77778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

Colored

Feb 25th 1886

15 Vincent St

Jennie Jones

Jennie Jones

West River Va

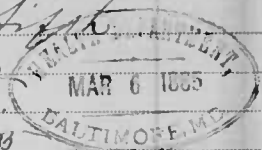
Charles Bulley

Laborer

Wa

James Woodman (Cordwainer)

16 Bruce St



RETURN OF A BIRTH 77779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 25 1885

4. Place of Birth, (Street and Number) 169 Patterson Park Avenue

5. Full Name of Mother, Louise Cardley

6. Mother's Maiden Name, Louise Henderson

7. Mother's Birthplace, England

8. Full Name of Father, Solomon Cardley

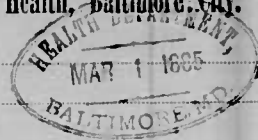
9. Father's Occupation, Potter

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return, Mary Collins

Address, 171 Patterson Park Avenue

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *25 Feb*

4. Place of Birth, (Street and Number) *18 Chester St*

5. Full Name of Mother, *Julia Brown*

6. Mother's Maiden Name, *Taylor*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *John Brown*

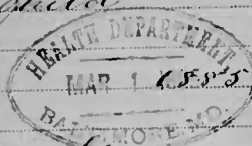
9. Father's Occupation, *Coin Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *12 Patterson ave*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. ☒ (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth. 25

4. Place of Birth, (Street and Number) 121 Durham st

5. Full Name of Mother, Emma Thued

6. Mother's Maiden Name, Steph

7. Mother's Birthplace, Anne Arundel County

8. Full Name of Father, Loren Thued

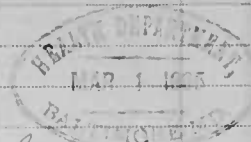
9. Father's Occupation, Carver

10. ☒ Father's Birthplace, Anne Arundel County

Name of Medical Attendant, or other Person who makes this Return Loren Morgan

Address, 47 S. Durham st

Remarks,



RETURN OF A BIRTH⁷⁷⁷⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 25 1885

4. Place of Birth, (Street and Number) 72 S. Greene St.

5. Full Name of Mother, Kati Shim

6. Mother's Maiden Name, Kati Perchmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Paul Shim

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Helagunde Kleifer

Address, No. 20 Columbia St.

Remarks,

RETURN OF A BIRTH 77783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Feb. 25th 1885*

4. Place of Birth, (Street and Number) *150 Burgundy St.*

5. Full Name of Mother, *Hurietta Dittler*

6. Mother's Maiden Name, *Fresh*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Charles Dittler*

9. Father's Occupation, *Shoe-maker*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return, *Mary Knok*

Address, *# 328 S. Eutan St.*

Remarks,



RETURN OF A BIRTH 77784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 Aug February

4. Place of Birth, (Street and Number) No 19 Tarrant St

5. Full Name of Mother, ~~Henric~~ Mary

6. Mother's Maiden Name, Mary Withers

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, William Wright Henry Brewster

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return, H. Curtis Jackson in attendance

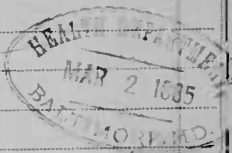
Address, No 14 Pringle St. Baltimore M.D.

Remarks,

RETURN OF A BIRTH. 77785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth February 9.5
4. Place of Birth, (Street and Number) 2711 Ham burg St
5. Full Name of Mother, Martha Boyer
6. Mother's Maiden Name, Martha Boyer
7. Mother's Birthplace, Dorchester County
8. Full Name of Father, Samuel Boyer
9. Father's Occupation, labor
10. Father's Birthplace, Dorchester County
- Name of Medical Attendant, or other Person who makes this Return. Melling Press
- Address, 12 Plum alley
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd*

1. ☒ Male, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 1st 1885*

4. Place of Birth, (Street and Number) *213 Greenmount Ave*

5. Full Name of Mother, *Mary Kohler*

6. Mother's Maiden Name, *Mary McKenna*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Samuel Kohler*

9. Father's Occupation, *Employee of Telegraph Co*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return *William Brindley M.D.*

Address, *Chas. St. James Hall*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Feb 6th 1885

4. Place of Birth, (Street and Number)

6 Chestnut Alley

5. Full Name of Mother,

Melera Boyer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Howard County Md

8. Full Name of Father,

Louis Boyer

9. Father's Occupation,

Book

10. Father's Birthplace,

Charles County Md.

Name of Medical Attendant, or other Person who makes this Return

Hester Tolence

Address,

39 Little Monument Street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday Feb. 6th 1885

4. Place of Birth, (Street and Number)

33 E. Chas. St.

5. Full Name of Mother,

Emma Hunt Weaver

6. Mother's Maiden Name,

Emma Hunt

7. Mother's Birthplace,

Harrisburg Pa.

8. Full Name of Father,

John Weaver

9. Father's Occupation,

Telegraph Operator

10. Father's Birthplace,

Harrisburg Pa.

Name of Medical Attendant, or other Person who makes this Return

Wilmer Duntou M.D.

Address,

Chas. St. & Forum Place

Remarks,

RETURN OF A BIRTH. 77789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *seventh child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *W*

3. Date of Birth *Feb 9 1885*

4. Place of Birth, (Street and Number) *No 161 Preston St*

5. Full Name of Mother, *Mary Smith*

6. Mother's Maiden Name, *Mary Head*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *Clement Smith*

9. Father's Occupation, *Musician*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return. *J H Patterson M.D.*

Address, *23 Franklin*

Remarks, _____

GIVEN NAME ADDED 2-3-30
RETURN OF A BIRTH 77790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Laura Grafflin*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *W* _____
3. Date of Birth *Feb'y 9th 1888* _____
4. Place of Birth, (Street and Number) *11 W. Cor. Howard & Broad St. Balt.* _____
5. Full Name of Mother, *Lena Grafflin* _____
6. Mother's Maiden Name, *Lena Hayden* _____
7. Mother's Birthplace, *Balt. Md.* _____
8. Full Name of Father, *Chas. Howard Grafflin* _____
9. Father's Occupation, *Clerk* _____
10. Father's Birthplace, *Balt.* _____
Name of Medical Attendant, or other Person who makes this Return. *Chas. H. Walters M.D.* _____
Address, *23 Franklin St.* _____
Remarks, _____

RETURN OF A BIRTH. 77791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 Nov 1885

4. Place of Birth, (Street and Number) 83 Chapple

5. Full Name of Mother, Mary Matoska

6. Mother's Maiden Name, Mary Kankar

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jan Matoska

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kephthel

Address, 69 N Washington St

Remarks, Mary Kephthel



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday, Feb 15th 85

4. Place of Birth, (Street and Number)

316 N. Shickler St

5. Full Name of Mother,

Mary Owens

6. Mother's Maiden Name,

Mary G. Wright

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Wm Owens

9. Father's Occupation,

Clerk

10. Other's Birthplace,

Balti Co Md

Name of Medical Attendant, or other Person who makes this Return

William Diniton M.D.

Address,

Chase St & Front Pl

Remarks,

RETURN OF A BIRTH

77793

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Tuesday Feb. 17. 85

Place of Birth, (Street and Number)

Pruden St & Vally

Full Name of Mother,

Jennie Bamberger

Mother's Maiden Name,

Jennie Poole

Mother's Birthplace,

Baltimore Md

Full Name of Father,

Jos. Bamberger,

Father's Occupation,

Printer

Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

William Brinton MD

Address,

Chas St & Summit Place

Remarks,

RETURN OF A BIRTH.

77794

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 21st 1885

4. Place of Birth (Street and Number)

306 Mosher St

5. Full Name of Mother

Mary Horan

6. Mother's Maiden Name

Mary Grayson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel Horan

9. Father's Occupation

Barberian

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. E. Spencer M.D.
41 N. Calumet

Address

Remarks

RETURN OF A BIRTH. 77795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth Feb 9 1885

4. Place of Birth, (Street and Number) No 15 Thompson St

5. Full Name of Mother, Carrie Dammberg

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Louis Dammberg

9. Father's Occupation, Cattle Dealer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Wm. Rose M.D.

Address, 178 Baltimore St

Remarks, Baltimore

RETURN OF A BIRTH. 77796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

29 Feb 1885

4. Place of Birth, (Street and Number)

Elislets Elle No. 10

5. Full Name of Mother,

Emie Karolski

6. Mother's Maiden Name,

Ristau

7. Mother's Birthplace,

Germanien

8. Full Name of Father,

Heinrich Karolski

9. Father's Occupation,

Werkmann

10. Father's Birthplace,

Germanien

Name of Medical Attendant,

or other Person who makes this Return.

11

Address,

Maroline Schwan Elislets Elle No. 5

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. 77797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Receiving
215 Eastern Ave.
Mrs. Mary
Smith
Baltimore
Robert Smith
Teacher
Baltimore
Mrs. Sarah King
358 Lombard St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January the 26. 1899

4. Place of Birth, (Street and Number) Lumard st. No 257

5. Full Name of Mother, Lena Luling

6. Mother's Maiden Name, Lena Lank

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Luling

9. Father's Occupation, Copper Smith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, No 797 Ball St

Remarks,

RETURN OF A BIRTH 77799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 26, 1885

4. Place of Birth, (Street and Number)

No. 307 Franklin St.

5. Full Name of Mother,

Juliane Hundertmark

6. Mother's Maiden Name,

Gröner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Hundertmark

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anna Douglas

Address,

60 North Schroeder Street

Remarks,

RETURN OF A BIRTH 77800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

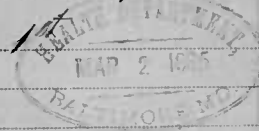
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

February 26th 1885

No 35 Cannon str

Caroline Graham

Bartest

City

James Graham

Laborer

City

Mrs Elizabeth Betz

120 Bank St

RETURN OF A BIRTH 77801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26th Feb 1885*
4. Place of Birth, (Street and Number) *501 W. Pratt st*
5. Full Name of Mother, *Mary Lafka*
6. Mother's Maiden Name, *Mary Beckler*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Joseph Lafka*
9. Father's Occupation, *Cheesemak*
10. Father's Birthplace, *Europe*
11. Name of Medical Attendant, or other Person who makes this Return, *Mrs. Katherine Leback*
- Address, *125 West Pratt street*
- Remarks,

for each offence to be recovered as other than and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *26th Feb 1885*

4. Place of Birth, (Street and Number) *57 Short St*

5. Full Name of Mother, *Fannie Jackson*

6. Mother's Maiden Name, *William*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *James Jackson*

9. Father's Occupation, *Washer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return

Address, *212 E. Calver St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 26th 85

4. Place of Birth, (Street and Number)

49 Sterling St.

5. Full Name of Mother,

Kate Mathison

6. Mother's Maiden Name,

Lacy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Mathison

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. B. Brinton M.D.

Address,

Charles St. & Tremont Place

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 26/85*

4. Place of Birth, (Street and Number) *468 Madison Ave*

5. Full Name of Mother, *Virginia Conklin*

6. Mother's Maiden Name, *Virginia Lynn*

7. Mother's Birthplace, *Ill*

8. Full Name of Father, *Charles A. Conklin*

9. Father's Occupation, *Merchant.*

10. Father's Birthplace, *N York*

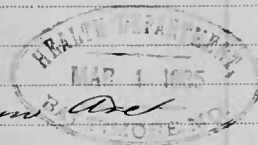
Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Miller M.D.

188 Franklin St.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 27, 1883

4. Place of Birth, (Street and Number)

Baltimore City, 382 E. Charles St.

5. Full Name of Mother,

Isabel V. Summerson

6. Mother's Maiden Name,

Isabel V. Wilson

7. Mother's Birthplace,

Baltimore City, Md.

8. Full Name of Father,

Calvin Summerson

9. Father's Occupation,

Police man

10. Father's Birthplace,

Baltimore City, Md.

Name of Medical Attendant,

or other Person who makes this Return

Sarah Cunningham

Address,

129 Battery Ave.

Remarks,

all well

RETURN OF A BIRTH, 77806

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex (state whether male or female) Female
Race or Color, (if not of the white race) White race
Date of Birth February 26/85
Place of Birth, (Street and Number) 810 S. Charles St.
Full Name of Mother Mattie Hanley
Mother's Maiden Name Wakeland
Mother's Birthplace Harford County, Md.
Full Name of Father Thomas Hanley
Father's Occupation Labourer
Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs. Greene
Address 634 Light St.
Remarks

RETURN OF A BIRTH 77807

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

Sex, (state whether male or female)

Female

Race or Color. (if not of the white race)

Colored

Date of Birth.

February 26 1885

Place of Birth. (Street and Number)

Dunbar St No 37

Full Name of Mother.

Harriet Dillie

Mother's Maiden Name.

Harriet Burley

Mother's Birthplace.

Annapolis

Full Name of Father.

James H. Dillie

Father's Occupation.

Oyster Shucker

Father's Birthplace.

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Ellen Carson

Address.

No 24 Street

Remarks.

RETURN OF A BIRTH. 77808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 16 February 1915

4. Place of Birth, (Street and Number) 145 Forrest St

5. Full Name of Mother, Emma Bau

6. Mother's Maiden Name, Markert

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Christian Bau

9. Father's Occupation, Butcher

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this return.

Mr. Rex Ullig

Address,

48 Holland St

Remarks,

Birth

RETURN OF A BIRTH. 77809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

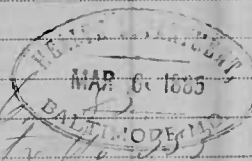
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Feb 26
Cheney St. No. 253
Marguerite Bell
Wigley
Baltimore
John W. Bell
Teacher
Baltimore
Wm. F. Reinhardt
H. Hall U. M.

RETURN OF A BIRTH. 77⁸¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. ~~Place~~ or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, ..

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

City Printers and Binders.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 26th 1885*

4. Place of Birth, (Street and Number) *400 Baret, etc. Court, Balt.*

5. Full Name of Mother, *Lenia Fielden*

6. Mother's Maiden Name, *Lenia Fielden*

7. Mother's Birthplace, *Baltimore, Maryland, U.S.A.*

8. Full Name of Father, *Bartholomew Fielden*

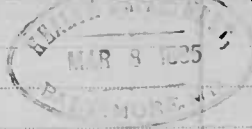
9. Father's Occupation, *U.S. Army, Soldier*

10. Father's Birthplace, *Buffalo, N.Y.*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. J. Schaffner*

Address, *100 East and 10000th Street, East.*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 26th 1888

4. Place of Birth, (Street and Number)

26th February 1888

5. Full Name of Mother

Wilhelmina Holton

6. Mother's Maiden Name

Wilhelmina Fisher

7. Mother's Birthplace

Sydney, Australia

8. Full Name of Father

William B. Holton

9. Father's Occupation

Journalist

10. Father's Birthplace

Sydney, Australia

Name of Medical Attendant

or other Person who makes this Return

Dr. J. J. Schaffer

Address

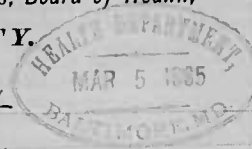
Cor. East and W. 1st St. St. Louis, Mo.

Remarks

RETURN OF A BIRTH.

77813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eight*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Feb. 27th 1885*
 4. Place of Birth (Street and Number) *No. 10 Caro Street*
 5. Full Name of Mother *Margaret D. Bull*
 6. Mother's Maiden Name *" " Benson*
 7. Mother's Birthplace *Pennsylvania*
 8. Full Name of Father *George D. Bull*
 9. Father's Occupation *Street Paver*
 10. Father's Birthplace *Pennsylvania*
 Name of Medical Attendant, or other Person who makes this Return. *C. E. Richardson M.D.*
 Address *169 North Mount Street*
 Remarks *nothing remarkable about child, a fine girl*
P.R.

RETURN OF A BIRTH. 77811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Remarks,.....



Febr. 9.

U. Muller House

Theresa John

Larr.

Balt.

Karl John

Laborer

Baltimore

Mrs. Joh. Kraus

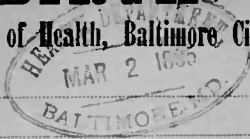
D. Wolf No 14

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7



1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 February

4. Place of Birth, (Street and Number) Hamburg Street 315

5. Full Name of Mother, Luise Serba

6. Mother's Maiden Name, Halke

7. Mother's Birthplace, Germany

8. Full Name of Father, Wilhelm Serba

9. Father's Occupation, Joiner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return,

Dr. W. M. M. M.

Address,

1 S. E. M. M. M.

Remarks,

RETURN OF A BIRTH ⁷⁷⁸¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 27th

4. Place of Birth, (Street and Number) 280 S. Sharp St

5. Full Name of Mother, Pauline Worch

6. Mother's Maiden Name, Thuman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Worch

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, No 1 Ladden Hall St

Remarks,

for each office to be recovered as other rules and regulations are recoverable.

RETURN OF A BIRTH 77817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 Feb

4. Place of Birth, (Street and Number)

8 Gough

5. Full Name of Mother,

Dora Turnt

6. Mother's Maiden Name,

Hildebrand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred Turnt

9. Father's Occupation,

Plumber

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



RETURN OF A BIRTH 77818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Feb 27

4. Place of Birth, (Street and Number)

#310 Cross St

5. Full Name of Mother,

Mary Schutte

6. Mother's Maiden Name,

Schouberg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Schutte

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Hannover Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Hook

Address,

#228 S. Calumet St.

Remarks,



RETURN OF A BIRTH. 77819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

Feb 28 1885

4. Place of Birth, (Street and Number)

242 Madison St

5. Full Name of Mother,

Julia Johnson

6. Mother's Maiden Name,

Julia Hanson

7. Mother's Birthplace,

St Mary Co

8. Full Name of Father,

Henry Johnson

9. Father's Occupation,

Staple

10. Father's Birthplace,

Talbert Md

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woodford

Address,

1308 Register St

Remarks,

RETURN OF A BIRTH. 77820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Male*

2. ☒ Race or Color, (if not of the white race) *Natural Race*

3. Date of Birth *Fe. 27 1885*

4. Place of Birth, (Street and Number) *24 Durham St*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Louisa Johnson*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

☒ Name of Medical Attendant, or other Person who makes this Return. *Lucius H. Wolford*

Address, *1505 Register St*

Remarks, _____

RETURN OF A BIRTH ⁷⁷⁸²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 27

4. Place of Birth, (Street and Number)

N. 90 Peach Alley

5. Full Name of Mother,

Elisa Randolph

6. Mother's Maiden Name,

Turnman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Randolph

9. Father's Occupation,

Wagonmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaner

Address,

330 Hanover St.

Remarks,

for each office to be recovered as other fees and purchases are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

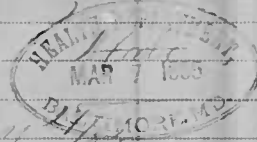
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 1882
36 Putnam Street
Margaret Holmes
Evans
Baltimore
James Holmes
Clerk
Jenny
Mrs. Louise Smith
358 Canton Street

RETURN OF A BIRTH. 77823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Male One child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Edward Race*

3. Date of Birth *Feb 27 1885* MAR 3 1885

4. Place of Birth, (Street and Number) *261 Durham St* BALTIMORE MD

5. Full Name of Mother, *Baltimore Md*

6. Mother's Maiden Name, *Louisa Johnson*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. *Lucinia McLeod*

Address, *1308 Regester St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Febr. 27th 1885.

4. Place of Birth, (Street and Number) 108 Parkin str. Baltimore City

5. Full Name of Mother, Pauline Mierzejewski

6. Mother's Maiden Name, Gorska

7. Mother's Birthplace, Karodawola West Prussia Germany

8. Full Name of Father, Telisa Mierzejewski

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Strasburg West Pr. Germany

Name of Medical Attendant, or other Person who makes this Return. Smith Bange

Address, 426 Cross St.

Remarks, Child's name Sigmund Mierzejewski.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. ☒ Male, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *27th February 1885*

4. Place of Birth, (Street and Number) *No 532 S. Charles st*

5. Full Name of Mother, *Virginia North*

6. Mother's Maiden Name, *Virginia Austin*

7. Mother's Birthplace, *Balt City*

8. Full Name of Father, *James H. North*

9. Father's Occupation, *Carriker*

10. ☒ Father's Birthplace, *Balt City*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Dr. William H. Burns, M.D.

312 N. Calumet, Balt.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

27th of Feb.

4. Place of Birth, (Street and Number)

5 Constitution St.

5. Full Name of Mother,

Mary Whitty

6. Mother's Maiden Name,

Mary Connor

7. Mother's Birthplace,

Balti Co Md

8. Full Name of Father,

~~R. C. R. Employee Wm Whitty~~

9. Father's Occupation,

~~R. C. R. Employee~~

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. Connor M.D.

Address,

Chas. St. & Court St. Place

Remarks,

RETURN OF A BIRTH.

77827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☐ Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male and Female Twins

2. Race or Color (if not of the white race)

White

3. Date of Birth

28 Feb 1895

4. Place of Birth (Street and Number)

122 1/2 Ramsey St

5. Full Name of Mother

Liddie Rain

6. Mother's Maiden Name

Liddie Hinton

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Rain

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

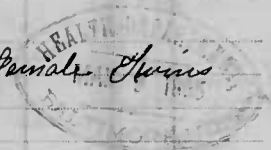
Mrs M. H. Houser

Address

112 Scott St

Remarks

Twins



GIVEN NAME AND NO. 8-19-57 77828
RETURN OF A BIRTH

to the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Harry Brannock Collison

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

Feb. 19th, 1883:

189 Johnson St.

Amanda Stewart Collison

Honck

Ind.

John Henry Collison

Packer

Ind.

Robert T. Rowe, M.D.

333 Light St.



RETURN OF A BIRTH 77829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 27th 1885

4. Place of Birth, (Street and Number) 1112 Hughes St

5. Full Name of Mother, Louisa Epps

6. Mother's Maiden Name, Louisa Dixon

7. Mother's Birthplace, ~~Mississippi~~ Mississippi

8. Full Name of Father, Thomas Epps

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Sarah Jane Wilson

Address, Mark

Remarks, 252 Hughes St

RETURN OF A BIRTH 77830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 25th 1890

4. Place of Birth, (Street and Number) 239, Ridgely St

5. Full Name of Mother, Mary Scholl

6. Mother's Maiden Name, "J. Curhart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Scholl

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theodora Cooke, M.D.

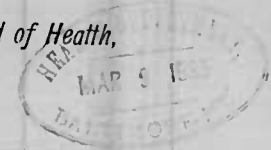
Address, 146 Maryland P.O.

Remarks,

RETURN OF A BIRTH.

77831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

18 Febuary

4. Place of Birth (Street and Number)

27 Scotland St

5. Full Name of Mother

Mary M. C. New

6. Mother's Maiden Name

Deland

7. Mother's Birthplace

James M. C. New

8. Full Name of Father

Deland

9. Father's Occupation

Deland

10. Father's Birthplace

Mrs Mary Horgan

Name of Medical Attendant, or other Person who makes this Return.

Address

1812 Scott St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 28th*

4. Place of Birth, (Street and Number) *107 Johnson St.*

5. Full Name of Mother, *Annie Herby*

6. Mother's Maiden Name, *Annie Daskield*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Herby*

9. Father's Occupation, *Ship Carpenter*

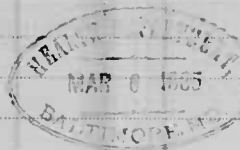
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dask

Address,

Remarks,



RETURN OF A BIRTH.

77833

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Feb 28

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



White

36 S. Gay St.

Katie Bonieff

Bredley

Balt.

Edward Bonieff

Liquor Dealer

Balt.

John A. Schmitt M.D.

11 E. Lenox St. Eden St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 28th

4. Place of Birth, (Street and Number) 66 Ridgely Street

5. Full Name of Mother, Wilhelmine Wagner

6. Mother's Maiden Name, Weitzel

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Wagner

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Münch

Address, No 1 Leadenhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 25 1885

4. Place of Birth, (Street and Number) Mount St. No 21

5. Full Name of Mother, Juliana Collins

6. Mother's Maiden Name, Juliana Mc Murray

7. Mother's Birthplace, Howard & Co. N.Y.

8. Full Name of Father, Charles Collins

9. Father's Occupation, Rice Merchant

10. Father's Birthplace, Howard & Co. N.Y.

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelley

Address, No 797 Pratt St.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 28 1885

4. Place of Birth, (Street and Number) 40 50 Broadway City

5. Full Name of Mother, Maggie Williams

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, David Williams

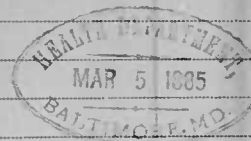
9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. James H. H. H.

Address, Broadway City

Remarks, _____



RETURN OF A BIRTH. 77837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *28th February 1884*

4. Place of Birth, (Street and Number) *207 Bosten st*

5. Full Name of Mother, *Matilda Sechtaler*

6. Mother's Maiden Name, *Chler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Sechtaler*

9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*

Address, *No 12 Patterson Park av*

Remarks,



RETURN OF A BIRTH 77838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 Feb

4. Place of Birth, (Street and Number) 8 Selwam st.

5. Full Name of Mother, Mary Sullivan

6. Mother's Maiden Name, Duane

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Sullivan

9. Father's Occupation, John Sullivan Milk-man

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks,



RETURN OF A BIRTH

77839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male and female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 20 5 1885

4. Place of Birth, (Street and Number)

1044 B. Bay - 1

5. Full Name of Mother,

Charlotte Johnson

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

St. Mary's County

8. Full Name of Father,

Richard Johnson

9. Father's Occupation,

Seaman

10. Father's Birthplace,

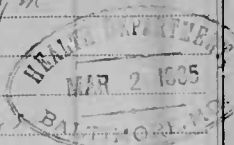
Calvert County

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Johnson

Address,

Remarks,



RETURN OF A BIRTH

77840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 28 1885*

4. Place of Birth, (Street and Number) *No. 51 President st*

5. Full Name of Mother, *Henrika Esker*

6. Mother's Maiden Name, *" " Schäfer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Eugene Esker*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *W. L. G. Gorman*

Address, *No. 70 Barclay st*

Remarks,

RETURN OF A BIRTH 77841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

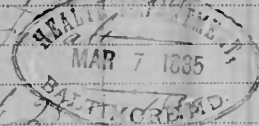
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



4th child
26 Pauline st
Lavin Finner
Samuel

America
Lavin Finner
Shamaker

Germany
J. Johnson midwife
320 Hanover st.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. 77842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

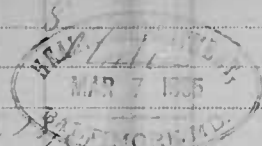
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Subscribed by
116 East Saratoga

Barbara Ford

Kent

Germany

Marion Ford

Druggist

Germany

Mrs. Louise Kraft

358 Lexington Ave

for each offence to be recovered as of the date of the offence.

RETURN OF A BIRTH ⁷⁷⁸⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Little Boy*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *28th of February 1885*
4. Place of Birth, (Street and Number) *No. 815 West Pratt St City, Md.*
5. Full Name of Mother, *Mrs. Kihnle*
6. Mother's Maiden Name, *Mrs. Dietrich*
7. Mother's Birthplace, *Born Wertenberg Germany*
8. Full Name of Father, *Mrs. Friedrich Kihnle*
9. Father's Occupation, *Brewer*
10. Father's Birthplace, *Born Wertenberg Germany*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Keller*
Address, *1017 West Pratt St City*
Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH. 7/845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Genish

3. Date of Birth 28 February 1885

4. Place of Birth, (Street and Number) 82 Douglas St

5. Full Name of Mother, Sarah Child

6. Mother's Maiden Name, Long

7. Mother's Birthplace, Poland

8. Full Name of Father, Morris Child

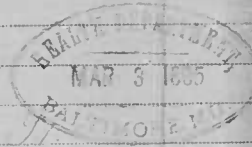
9. Father's Occupation, Clerk

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 28, 1885*

4. Place of Birth, (Street and Number) *St. Elizabeth 14 St.*

5. Full Name of Mother, *Sophia Roll*

6. Mother's Maiden Name, *Sophia Lauterbach*

7. Mother's Birthplace, *Balt^o Md*

8. Full Name of Father, *William Roll*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Hall County, Georgia*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Hauer*

Address, *1225 S. 19th St*

Remarks,

for each office to be recovered as other files and foritures are recoverable.

RETURN OF A BIRTH 77847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 d,
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 February 74 Yr Abund
4. Place of Birth, (Street and Number) Dorseton 439
5. Full Name of Mother, Katherine Rosenthal
6. Mother's Maiden Name, Katherine Willig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Rosenthal
9. Father's Occupation, Urethane
10. Father's Birthplace, Wittenberg, Prussia
- Name of Medical Attendant, or other Person who makes this Return. Edmund George Johnson
- Address, East Biddle St 108
- Remarks,

RETURN OF A BIRTH

77848

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Boy

Race or Color, (if not of the white race)

White

Date of Birth,

Saturday Feb. 28th. 85.

Place of Birth, (Street and Number)

56 N. Wolf St

Full Name of Mother,

Laura Deal

Mother's Maiden Name,

Laura Burk

Mother's Birthplace,

Virginia

Full Name of Father,

George Deal

Father's Occupation,

Dealer in wood,

Father's Birthplace.

Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Wilmer Dinitow, M.D.

Address,

Chas St r Forest Place.

Remarks,

RETURN OF A BIRTH ⁷⁷⁸⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 12, 1885
4. Place of Birth, (Street and Number) 119 Sica St.
5. Full Name of Mother, Mrs Sarah Williams
6. Mother's Maiden Name, Mahomet
7. Mother's Birthplace, Frederick Co.
8. Full Name of Father, Robt Williams
9. Father's Occupation, Walter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Dr. Fleming M.D.
- Address, Franklin & Greene Sts
- Remarks, _____

or persons who are not to be recovered as other data and for figures are recoverable.

RETURN OF A BIRTH 77850

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex. (note whether male or female) male
Race or Color, (if not of the white race) white
Date of Birth, Feb 14th 1885
Place of Birth, (Street and Number) 317 E. Monument St.
Full Name of Mother, Estelle Daniels
Mother's Maiden Name, Cropper
Mother's Birthplace, Balto Md
Full Name of Father, John W Daniels
Father's Occupation, Cigar Maker
Father's Birthplace, Balto Md
Name of Medical Attendant, or other Person who makes this Return W. B. Giltinger
Address, 228 E. Boston St.
Remarks,

RETURN OF A BIRTH

77851

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 16th 1885

Place of Birth, (Street and Number)

28 Somerset St

Full Name of Mother,

Ira Brandel

Mother's Maiden Name,

Fuller

Mother's Birthplace,

Balto Co. Md

Full Name of Father,

John H. Brandel

Father's Occupation,

Hack Driver

Father's Birthplace,

Balto Md

Name of Medical Attendant,

or other Person who makes this Return

Mr. B. Billingsley

Address,

228 E. Pratt St

Remarks,

RETURN OF A BIRTH

77852

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 18th 1885

Place of Birth, (Street and Number)

375 Bedford St

Full Name of Mother,

Mary Hall

Mother's Maiden Name,

Cosby

Mother's Birthplace,

Balt Md

Full Name of Father,

Geo W. Hall

Father's Occupation,

Car Carpenter

Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return

Dr. B. Billingslee

Address,

228 C. Preston St

Remarks,

RETURN OF A BIRTH 77853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 10th
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, Feb 21st 1896
Place of Birth, (Street and Number) 436 E. Eager st.
Full Name of Mother, Mary V Livingston
Mother's Maiden Name, Gardner
Mother's Birthplace, Balto
Full Name of Father, Wm E. Livingston
Father's Occupation, Clerk
Father's Birthplace, Balto
Name of Medical Attendant, or other Person who makes this Return Dr. B. B. Bellingham
Address, 228 E. Pratt St
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATIONERS.

RETURN OF A BIRTH.

77850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *February 19th 1885*

4. Place of Birth (Street and Number) *125 Eden st*

5. Full Name of Mother *Jennie Winsternitz*

6. Mother's Maiden Name *Rithner*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *L. H. Winsternitz*

9. Father's Occupation *Physician*

10. Father's Birthplace *Przemysl (Austria)*

Name of Medical Attendant, or other Person who makes this Return.

J. Winsternitz M.D.

Address

125 Eden st

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

Feb 20th 1885

162 George st.

Margaret Dwyer.

Margaret Hughes.

Baltimore City

Albert Dwyer

Labour.

Hamford Les Md.

John Bennett M.D.

134 N. Carroll St

To a fine of ten dollars for each offence, to be recovered as often as may be necessary.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 22^d 1888

4. Place of Birth, (Street and Number)

107 N. Howard St.

5. Full Name of Mother,

Mary M. Hausor.

6. Mother's Maiden Name,

Mary M. Rommel.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John M. Hausor.

9. Father's Occupation,

Clergyman

10. Father's Birthplace,

Switzerland

Name of Medical Attendant, or other Person who makes this Return

John C. Pennington M.D.

Address,

134 N. Carrollton Ave

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Report.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, February 24/1885

Place of Birth, (Street and Number) 18 S. Calver St

Full Name of Mother, Catherine French

Mother's Maiden Name, Hammiller

Mother's Birthplace, Baltimore

Full Name of Father, Geo. S. French

Father's Occupation, Cigar Box Mender

Father's Birthplace, St. Germany

Name of Medical Attendant, or other Person who makes this Return D. J. Speer

Address, 387 W. Lombard St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 5th 1888
4. Place of Birth, (Street and Number) 170 Acosquith St
5. Full Name of Mother, Emma Becker
6. Mother's Maiden Name, P.O.S.
7. Mother's Birthplace, Germany
8. Full Name of Father, George Becker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, None
Address, Geo. Becker
Remarks, 170 Acosquith St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday Jan - 4th 85

4. Place of Birth, (Street and Number)

33 E Madison St

5. Full Name of Mother,

Lillian Strobel

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Anthony Strobel

9. Father's Occupation,

Baker

10. Father's Birthplace,

Illinois

Name of Medical Attendant, or other Person who makes this Return

William Brinton M.D.

Address,

Chase St. - meet place

Remarks,

For a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RECEIVED
MAR 6 1895
JAMES H. JONES
BAL TO
JAMES H. JONES
SINGLE
ACCOUNTED FOR
HARRARD ST 314

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

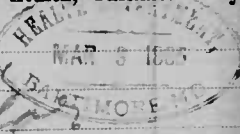
Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

for each offence to be recovered as in other laws and regulations are recoverable.

City Printers and Stationers.



male
Caucasian
26 of January 1887
214 N. E. St
Alice Ford
Duglis
Chesterton
Charles Ford
Single
Balto
A. M. (Son)
214 N. E. St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

24 at Jan

4. Place of Birth, (Street and Number)

Howard St 314

5. Full Name of Mother,

Margaret Young

6. Mother's Maiden Name,

Gross

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wesley Young

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. M. Brown

Address,

Howard St 314

Remarks,

RETURN OF A BIRTH 77865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

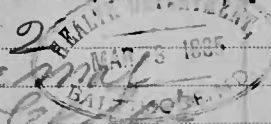
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



28th January
Charles St 12
Christanna
Mack
Baltimore
Joseph Hayward
single
Baltimore
J. Wilson
Howard St 314

RETURN OF A BIRTH

77866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, January 29th 1885

Place of Birth, (Street and Number) 34 Boyd St

Full Name of Mother, Lydia Thomas

Mother's Maiden Name, Lydia Scott

Mother's Birthplace, Ref. House Baltimore Co.

Full Name of Father, Walter Thomas

Father's Occupation, Porter in Store

Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return, am Bennett

Address, 110 34 Boyd City.

Remarks,

RETURN OF A BIRTH

77867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

326 haw

Sex, ☒ whether male or female)

Male

Race or Color, (if not of the white race)

Brown skin

Date of Birth,

January 29

Place of Birth, (Street and Number)

Baltimore

Full Name of Mother,

Alice Gannon

Mother's Maiden Name,

Alice Griffin

Mother's Birthplace,

Baltimore Md

Full Name of Father,

Thomas Gannon

Father's Occupation,

Oyster Shucking

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday Dec. 21-84

4. Place of Birth, (Street and Number)

270 S. Broadway

5. Full Name of Mother,

Amie Rodgers

6. Mother's Maiden Name,

Amie Williams

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Frank Rodgers

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Walter Dintler M.D.

Address,

1040 S. E. Street Flaw.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday Morning Dec. 26. 84

4. Place of Birth, (Street and Number) 197 Asquith St.

5. Full Name of Mother, Susan P. Bright

6. Mother's Maiden Name, Reynolds

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. Bright

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wilmer Brinton M.D.

Address, Charles St. Front Place

Remarks,

any late birth or person who shall knowingly fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th December 85

4. Place of Birth, (Street and Number)

131 Vally St.

5. Full Name of Mother,

Ella Stone

6. Mother's Maiden Name,

Ella Eppler

7. Mother's Birthplace,

Harrisburg Pa.

8. Full Name of Father,

John L. Stone

9. Father's Occupation,

P. C. R. R. Conductor

10. Father's Birthplace,

Westminister Md.

Name of Medical Attendant, or other Person who makes this Return

William Drinton M.D.

Address,

Chaw St. Forrest Place

Remarks,

RETURN OF A BIRTH 77871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1 of March*

4. Place of Birth, (Street and Number) *No 20 Burke St*

5. Full Name of Mother, *Katherine Müller*

6. Mother's Maiden Name, *Minch*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *John Müller*

9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Dobniker*

Address, *434 Lancaster St.*

Remarks,



RETURN OF A BIRTH

7/8/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 85

4. Place of Birth, (Street and Number)

Lexington St.

5. Full Name of Mother,

Mrs. Lou. Gerwood

6. Mother's Maiden Name,

" Beavers

7. Mother's Birthplace,

Burlington, Vt.

8. Full Name of Father,

Geo. Garwood

9. Father's Occupation,

Bar Tender

10. Father's Birthplace,

Burlington, Vt.

Name of Medical Attendant, or other Person who makes this Return.

T. Chew, W. Chingore, M.D.

Address,

#973 W. Fayette St.

Remarks,

RETURN OF A BIRTH. 77873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) dark brown

3. Date of Birth 1st of March

4. Place of Birth, (Street and Number) 24 Cider alley

5. Full Name of Mother, Clara M. Hall

6. Mother's Maiden Name, Clara M. Green

7. Mother's Birthplace, Frederick County

8. Full Name of Father, James P. Hall

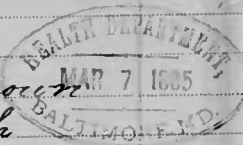
9. Father's Occupation, Stevedor

10. Father's Birthplace, West-River Annerundel County

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 118 Gasper Street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, March 1

4. Place of Birth, (Street and Number) Dallas St. 148

5. Full Name of Mother, Katy Dixon

6. Mother's Maiden Name, Kate Dooling

7. Mother's Birthplace, Annapolis

8. Full Name of Father, James Dixon

9. Father's Occupation, Stonemason

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Miss Meyer

Address, 47 N. Duaneham St.

Remarks,



Any person who procures the filing of a false return, or who procures the filing of a return which is false in any material particular, is liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷⁷⁸⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1 1885

4. Place of Birth, (Street and Number)

234 Montgomery St

5. Full Name of Mother,

Catharine Dederer

6. Mother's Maiden Name,

Kocher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Cristoph Dederer

9. Father's Occupation,

Carpetweaver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Thomas M. midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 2 1896

4. Place of Birth, (Street and Number) St. of Baltimore

5. Full Name of Mother, Mrs. J. C. [unclear]

6. Mother's Maiden Name, [unclear]

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James [unclear]

9. Father's Occupation, Commissioner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. C. [unclear]

Address, 92 N. Eden St. Balto Md

Remarks, _____

any person who makes this return to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 77877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

RETURN OF A BIRTH.

77878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 1st 1885

4. Place of Birth (Street and Number)

Ge James alley
Jerine Lodd

5. Full Name of Mother

6. Mother's Maiden Name

Dorchester Co Md
Jm Lodd

7. Mother's Birthplace

8. Full Name of Father

Carten

9. Father's Occupation

Dorchester Co Md

10. Father's Birthplace

O A. Cooke Md
110 7th av

● Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH. 77879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 1 March 1885

4. Place of Birth, (Street and Number) 21 N. E. St. Baltimore Md.

5. Full Name of Mother, Henrietta Pines

6. Mother's Maiden Name, " Rosefel

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Morris Pines

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rose Ullig

Address, 28 Holland St. Baltimore Md.

Remarks,

RETURN OF A BIRTH. 77880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Thomas Edward Muller*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Mar 1 - 1885

4. Place of Birth, (Street and Number)

14 E. Madison St

5. Full Name of Mother,

Emma A. Muller

6. Mother's Maiden Name,

Bulger

7. Mother's Birthplace,

Boston

8. Full Name of Father,

Edward F. Muller

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other Person who makes this Return.

W. Shurtliff M.D.

Address,

1424 E. Lake St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, march 1 1887

4. Place of Birth, (Street and Number) 75 Pratt Street

5. Full Name of Mother, Mary A. Beck

6. Mother's Maiden Name, Mary A. Cronin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles A. Beck

9. Father's Occupation, Freight Conductor

10. Father's Birthplace, Central America Perhuse

Name of Medical Attendant, or other Person who makes this Return, Mary A. Cronin

Address, 171 Pratt Street Baltimore

Remarks, Full name of child Charles Alvan Beck

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 1st*

4. Place of Birth, (Street and Number) *241. Lombard St*

5. Full Name of Mother, *Wilhelma Henrich*

6. Mother's Maiden Name, *Wilhelma Gust*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Amil Henrich*

9. Father's Occupation, *Tolson*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *T. Kaufman*

Address, *No. 202. S. Daller St*

Remarks, *Midwife*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Nine*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March first*
4. Place of Birth, (Street and Number) *Baltimore S. Pacca St No 306*
5. Full Name of Mother, *Wilhelmine Fisher*
6. Mother's Maiden Name, *Wilhelmine Gohman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Fisher*
9. Father's Occupation, *Paint Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs M. Shaffer*
- Address, *373 Hamburg St*
- Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPT.
APR 5 1884

Male

White race

March the 1st

Baltimore port Ave No

Emeline Lutsche

sheekels

Baltimore

Henry Lutsche

Laborer

Baltimore

Elizabeth Hathorn

Charles St No 426

RETURN OF A BIRTH.

77885

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

March 1st 1885

4. Place of Birth (Street and Number)

83 S. High St

5. Full Name of Mother

Katie Louisa Henry

6. Mother's Maiden Name

" " Gordon

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Jno. Henry

9. Father's Occupation

Butcher

Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

Frederic G. Dauschmidt

Address

325 E. Baltimore St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Leonard H Ames*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1 1888

4. Place of Birth, (Street and Number)

267 Light St.

5. Full Name of Mother,

Stella Ames

6. Mother's Maiden Name,

Stella Dundon

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Charles H Ames

9. Father's Occupation,

Seagr Manufacture

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

D. W. Webster

Address,

57 Banner

Remarks,

RETURN OF A BIRTH 77887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 15 1885

4. Place of Birth, (Street and Number) 82 S. Charles

5. Full Name of Mother, Helen Riddle Lloyd

6. Mother's Maiden Name, Helen Riddle

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm. J. Lloyd

9. Father's Occupation, Hotel Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster Jr.

Address, 57 Barclay

Remarks,

RETURN OF A BIRTH

77888

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of ☒ of Mother, (state whether 1st, 2d, 3d, &c.) *1*
 sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *March 1st*
 Place of Birth, (Street and Number) *Paterson parish Avenue*
 Full Name of Mother, *Annie Emkey*
 Mother's Maiden Name, *Winkler*
 Mother's Birthplace, *Baltimore Md*
 Full Name of Father, *Robert Emkey*
 Father's Occupation, *Labore*
 Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Henrietta Clasp*
 Address, *Eden Chickelary St*
 Remarks,



RETURN OF A BIRTH.

77889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Mother's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3rd
Female
White

March 1st 1885

54 Franklin

Sarah

Sarah Plummer

Balt. Md

Geo. S. Raub

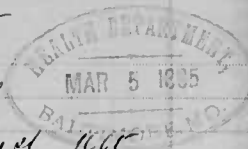
Dentist

N. Jersey

Thos. L. Latimer

371 Eutaw Place

Chloroform. No trouble



RETURN OF A BIRTH. 77890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth March 1 _____

4. Place of Birth, (Street and Number) E. Lombard St 334 _____

5. Full Name of Mother, Margaretha Behr _____

6. Mother's Maiden Name, Tramm _____

7. Mother's Birthplace, Bavaria _____

8. Full Name of Father, Johann Behr _____

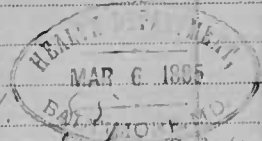
9. Father's Occupation, Labr _____

10. Father's Birthplace, Balt _____

Name of Medical Attendant, or other Person who makes this return. Mrs. Joh. Brunkh _____

Address, S. W. of No 11 _____

Remarks, _____



RETURN OF A BIRTH. 77891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

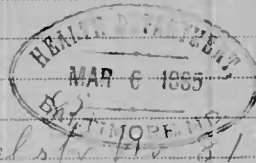
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 1.

S. Schrippel St. No. 81

Frederick X. Langer

Langer

Balt.

Frederick Langer

Laborer

Baltimore

Dr. J. P. B. B. B.

1111 N. 1st St.

RETURN OF A BIRTH. 77892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March

1st

4. Place of Birth, (Street and Number)

Burrough St

No 23

5. Full Name of Mother,

Mary f Sheekell

6. Mother's Maiden Name,

Waters

7. Mother's Birthplace,

Harvard Co Md

8. Full Name of Father,

Fletcher Sheekell

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Halthorn

Address,

Charles St No 576

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1888

4. Place of Birth, (Street and Number)

145 Montgomery St

5. Full Name of Mother,

Lulu B. Tracy

6. Mother's Maiden Name,

" " Kaufman

7. Mother's Birthplace,

A. A. Co. Me.

8. Full Name of Father,

Saml. M. Tracy

9. Father's Occupation,

Hardware Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Wheodgy Cooke, M.D.

Address,

146 Hancock St

Remarks,



RETURN OF A BIRTH

77894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 1

Sex, (state whether male or female) ... Male

Race or Color, (if not of the white race) ... Colored

Date of Birth, ... March 1st

Place of Birth, (Street and Number) ... No 19 Harmony Lane

Full Name of Mother, ... Estella Roberson

Mother's Maiden Name, ... Estella West

Mother's Birthplace, ... Baltimore

Full Name of Father, ... Harry Roberson

Father's Occupation, ... Oyster Shucker

Father's Birthplace, ... Baltimore

Name of Medical Attendant, or other Person who makes this Return ... Mrs. Emily Blake

Address, ... 534 East 1st St.

Remarks, ... That this



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 1st 1885.
4. Place of Birth, (Street and Number) 86 St. Shurden St.
5. Full Name of Mother, Mary Barry.
6. Mother's Maiden Name, Mary Wilson.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, George G. Barry
9. Father's Occupation, Saloonman.
10. Father's Birthplace, Baltimore City.
- Name of Medical Attendant, or other Person who makes this Return John O'Driscoll M.D.
- Address, 134 St. Barnabas St.
- Remarks, _____

RETURN OF A BIRTH.

77896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RECEIVED
MAY 1 1885
Baltimore
1st
White
March

219 Chesapeake St

Maggie Barbara Manning

Maggie Barbara Snicker

Germany

Michael Aaron Munnings

Physician

Germany

Med. Wiley 12

Patterson Park Ave.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

March 2nd 1897

4. Place of Birth, (Street and Number)

261 Hanover St.

5. Full Name of Mother,

Louise Demme

6. Mother's Maiden Name,

Moore

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Demme

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Knott

Address,

328 N. Euterer St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *March 2th 1885*

4. Place of Birth, (Street and Number) *34 McCubbin street*

5. Full Name of Mother, *Winnie Smith*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Dorchester Co. Md*

8. Full Name of Father, *Dolphous Blackson.*

9. Father's Occupation, *Norfolk Va*

10. Father's Birthplace, *Labour*

Name of Medical Attendant, or other Person who makes this Return *Francis Anderson*

Address, *30 McCubbin street*

Remarks,

RETURN OF A BIRTH

77899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3,

1. Sex, (state whether male or female)...

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 2. 10 O'clock P.M.

4. Place of Birth, (Street and Number)

No 1 King & Baltimore City

5. Full Name of Mother,

Anna King

6. Mother's Maiden Name,

Anna Roofes.

7. Mother's Birthplace,

Baltimore City Gilmore Street

8. Full Name of Father,

J A Roofes

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Millie White

Address,

No 5 King Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Male
White
Mar 25 1890
58. Lexington St.
Bertha Heintzel
Bertha Hecht
Washington
Jacob P. Heintzel
Merchant
Germany
Dr. Kautzsch
2. Cathedral St.

RETURN OF A BIRTH 77901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March the 2^d 1885

4. Place of Birth, (Street and Number)

Baltimore Maryland

5. Full Name of Mother,

Julia Dean

6. Mother's Maiden Name,

Julia infant

7. Mother's Birthplace,

Ireland County Mayo

8. Full Name of Father,

William Dean

9. Father's Occupation,

occupation laborer

10. Father's Birthplace,

Ireland County Mayo

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Carrol

Address,

No 19 Maryland Street

Remarks,

RETURN OF A BIRTH. 77902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *March 2 1885*
4. Place of Birth, (Street and Number) *127 Belton St.*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Medalia Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, *Lucinda Woodford*
- Address, *136 S. Register*
- Remarks, _____

RETURN OF A BIRTH. 77903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

3-2-85

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Martha Lee

6. Mother's Maiden Name,

Va

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

F. R. Sordmann M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 24 1885*

4. Place of Birth, (Street and Number) *777 7th Avenue, N.Y.C.*

5. Full Name of Mother, *Josephine Schaffer*

6. Mother's Maiden Name, *Josephine Schaffer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joseph Schaffer*

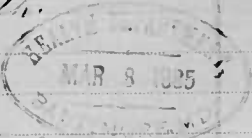
9. Father's Occupation, *Wholesale*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Dr. Joseph Schaffer*

Address, *607 7th Avenue, New York City*

Remarks,



To a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 77905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 2nd 1885*

4. Place of Birth, (Street and Number) *#195 N. Central Ave*

5. Full Name of Mother, *Florence Berger*

6. Mother's Maiden Name, *Florence Ayres*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Albert M. Berger*

9. Father's Occupation, *Musician*

10. Father's Birthplace, *Buffalo N. Y.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. N. Maennel, Midwife*

Address, *428 Saratoga St. Balt.*

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

77902

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Seventh.

Donald

M. C.

March 2d, 1888

of Borough Street, &c.

Copied by

Anna Maria

Gottfried. (20) Meissen

Adm. Scher.

Belgen. De
Hollands

Wahnerode, Hesse.

or other person who makes this return.

Wm C Ford are Robinson. Shall Record: Phil

Безопасность

MAYNARD AND STATHAKOPOULOS

RETURN OF A BIRTH.

77905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 2nd 1885*

4. Place of Birth, (Street and Number) *#195 St. Central Ave*

5. Full Name of Mother, *Florence Berger*

6. Mother's Maiden Name, *Florence Ayres*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Albert M. Berger*

9. Father's Occupation, *Musician*

10. Father's Birthplace, *Buffalo N. Y.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. W. Maennel, Midwife*

Address, *448 Saratoga St Baltimore*

Remarks,

RETURN OF A BIRTH⁷⁷⁹⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 March

4. Place of Birth, (Street and Number)

89 C. Lombard

5. Full Name of Mother,

Caroline Cane

6. Mother's Maiden Name,

Gleisman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles H. Cane

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

12 C. Lombard

Remarks,

RETURN OF A BIRTH 77907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Fem

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 March

4. Place of Birth, (Street and Number)

44 Pratt

5. Full Name of Mother,

Minnie Hall

6. Mother's Maiden Name,

German

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Dukeless Hall

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH 77908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
March 2, 1885
190 Franklin St.
Annie W. Rhodes
" " Bailey
" " " "
Eugene W. Rhodes
Salmon
" "
Theodore Clarke M.D.
146 Hanover St.

RETURN OF A BIRTH

77909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. of ☒ Mother, (state whether 1st, 2d, 3d, &c.)

2^d

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Mar 3^d 88-

Place of Birth, (Street and Number)

166 N. Fremont St.

Full Name of Mother,

Elizabeth Bentz

Mother's Maiden Name,

" Schultz

Mother's Birthplace,

Baltimore

Full Name of Father,

George Bentz

Father's Occupation,

Livery Stable Keeper.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 N. Howard St

Remarks,

RETURN OF A BIRTH.

77910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th time*
 2. Sex (state whether Male or Female) *Male*
 3. Race or Color (if not of the white race) *White*
 4. Date of Birth *March 3rd 1885*
 5. Place of Birth (Street and Number) *St Elting St.*
 6. Full Name of Mother *John Rydell*
 7. Mother's Maiden Name *John Rydell*
 8. Mother's Birthplace *Germany*
 9. Full Name of Father *Chas F. Hark*
 10. Father's Occupation *Coach Driver*
 11. Father's Birthplace *America*
 12. Name of Medical Attendant, or other Person who makes this Return. *James D. Lytle*
 13. Address *B. C. 10*
 14. Remarks *This is the second time she has had twins. both said before*

RETURN OF A BIRTH 77911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, March 3, 1875

Place of Birth, (Street and Number) 207. Hanover St.

Full Name of Mother, Mary Bevan

Mother's Maiden Name, Beatty

Mother's Birthplace, Lancaster

Full Name of Father, A. L. Bevan

Father's Occupation, Merchant

Father's Birthplace, Lancaster, Va.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough

Address, 220 Montgomery St.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. 77912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

March 3/85

4. Place of Birth, (Street and Number)

116 Mulliken St

5. Full Name of Mother,

6. Mother's Maiden Name,

Emilia A. Haire

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Emilia A. Haire

Address,

131 Register St

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 3rd 1885

4. Place of Birth, (Street and Number)

463 Lexington Street, Baltimore Md.

5. Full Name of Mother,

Fanny A. Gorman

6. Mother's Maiden Name,

Fanny A. Evans

7. Mother's Birthplace,

Carroll Co. Md.

8. Full Name of Father,

Wm G. Gorman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return.

A. J. Bell MD

Address,

234 Madison Avenue

Remarks,



Our provisions as to what shall be recovered in other cases and in fullness are recoverable.

RETURN OF A BIRTH. 77914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth March 3, 1895

4. Place of Birth, (Street and Number) North Wall, East of 1st St.

5. Full Name of Mother, Theresa Trumpeter

6. Mother's Maiden Name, Ruske

7. Mother's Birthplace, Prussia

8. Full Name of Father, Johann Trumpeter

9. Father's Occupation, Teacher

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm. John Brown

Address, 111

Remarks, _____

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH. 77912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *March 3/85*

4. Place of Birth, (Street and Number) *116 Mulliken St*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Louisa Bellair*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. *Lucia Lee Walker*

Address, *131 Regent St*

Remarks, _____



RETURN OF A BIRTH. 77913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 3rd 1885

4. Place of Birth, (Street and Number) 363 Lexington Street, Baltimore Md.

5. Full Name of Mother, Fanny A. Gorman

6. Mother's Maiden Name, Fanny A. Evans

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Wm G. Gorman

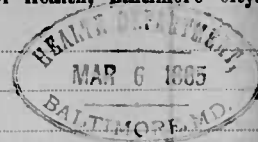
9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return, A. J. Blund

Address, 234 Madison Avenue

Remarks,



Let parents who are unable to pay for this return, send it to the Registrar of Vital Statistics, Baltimore City, for each office to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 77914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth March 3. 1885

4. Place of Birth, (Street and Number) South Wolf St. 410

5. Full Name of Mother, Theresia Trumpeter

6. Mother's Maiden Name, Hanke

7. Mother's Birthplace, Prussia

8. Full Name of Father, Johann Trumpeter

9. Father's Occupation, Tailor

10. Father's Birthplace, Prussia

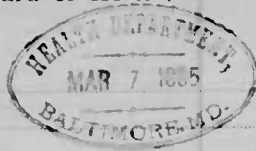
Name of Medical Attendant, or other Person who makes this Return, Mrs. John Brunsbach

Address, 2124 W. 111

Remarks, _____

RETURN OF A BIRTH 77915

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

Caucasian

Date of Birth,

56 Mc Elderry Street

Place of Birth, (Street and Number)

Washington D.C. 1885

Full Name of Mother,

Alberta Williams

Mother's Maiden Name,

Alberta Edwards

Mother's Birthplace,

Baltimore city

Full Name of Father,

Williams Edwards

Father's Occupation,

Deaman

Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

Ellen Gason

Address,

No 29 chopple street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth. *Mar 6th 3d 1888*

4. Place of Birth, (Street and Number) *No 1 Nagon*

5. Full Name of Mother. *Elizer Parker*

6. Mother's Maiden Name. *Elizer Weeks*

7. Mother's Birthplace. *Baltimore Co*

8. Full Name of Father. *Edward Parker*

9. Father's Occupation. *Saboner*

10. Father's Birthplace. *Chester town*

Name of Medical Attendant, or other Person who makes this Return *Charlotte Mann*

Address. *258 Babcock st*

Remarks. *None*



RETURN OF A BIRTH. 77917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth 3 March 1885

4. Place of Birth, (Street and Number) 25 Helderberg St

5. Full Name of Mother, Fannie Garner

6. Mother's Maiden Name, " Barenshick

7. Mother's Birthplace, Poland

8. Full Name of Father, Simon Garner

9. Father's Occupation, Pedler

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Russell W. 44 Helderberg St

Remarks, Balt. Md.



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁷⁷⁹¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

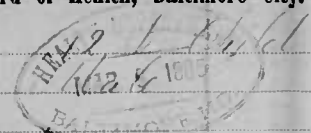
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 3rd 1885

67 James alley

Eliza Balkman

Historian

Germany

William Balkman

Shoemaker

Germany

J. Lockman midwife

390 Hanover St.

This child died after an age of two and one half
years in consequence of lockjaw

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 3d 1885

4. Place of Birth, (Street and Number)

686 N. Fayette St.

5. Full Name of Mother,

Miriam R. Kesmodel.

6. Mother's Maiden Name,

Miriam R. Alexander.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

John M. Kesmodel.

9. Father's Occupation,

Cutler.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

John O. Pennington M.D.

Address,

134 N. Carroll St. W.

Remarks,

RETURN OF A BIRTH 77920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

March 3rd 85

4. Place of Birth, (Street and Number)

#1 Cor. Woodward & Kenner

5. Full Name of Mother,

Louise Young

6. Mother's Maiden Name,

Bolman

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

John Young

9. Father's Occupation,

Dyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Knott

Address,

328 S. Eutaw St.

Remarks,

RETURN OF A BIRTH 77721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

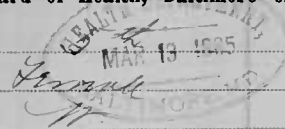
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 3rd 85

#291. S. Eutaw St

Katie Smith

" Minkler

Kentucky

John H. Smith

Printer

Baltimore

Mary Knott

#328 S. Eutaw St

RETURN OF A BIRTH

779²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *March 3rd 1885*

Place of Birth, (Street and Number) *254 Hanover St*

Full Name of Mother, *Mary Morrell*

Mother's Maiden Name, *Mary McKenough*

Mother's Birthplace, *West Virginia*

Full Name of Father, *Georgian Morrell*

Father's Occupation, *Laborer*

Father's Birthplace, *Calvert County Md.*

Name of Medical Attendant, *or other Person who makes this Return.* *Charles H. Jones*

Address, *254 Montgomery St*

Remarks, *The child is very sick*

RETURN OF A BIRTH 77926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Fourth March*

4. Place of Birth, (Street and Number) *No. 55 N. Pine street*

5. Full Name of Mother, *Mrs. Laura Fitzer*

6. Mother's Maiden Name, *Laura Langheime*

7. Mother's Birthplace, *Certsville Pa*

8. Full Name of Father, *A. L. Fitzer*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Blaine, Perry Co. Pa*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Dummer*

Address, *60 North Schroeder Street*

Remarks,

for each child to be recovered as other files and for returns are recoverable.

RETURN OF A BIRTH 77924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th of March 1885*

4. Place of Birth, (Street and Number) *333 Jefferson Street*

5. Full Name of Mother, *Isabella Humphrey*

6. Mother's Maiden Name, *Isabella Tilmore*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel P. Tilmore*

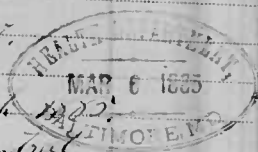
9. Father's Occupation, *Brick-layer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Cecilia Knobel*

Address, *North Chapel St. for Cecilia Knobel*

Remarks, *Healthy*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

312

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



March 4th 1885

279 Lexington St.

Margaret E. Stach

Margaret E. Seiger

Baltimore City, Md.

Adolph Stach

Watchmaker

Wartemburg, Germany

John D. R. Hager, M.D.

273 Lexington St.

RETURN OF A BIRTH

77926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female) female

Race or Color, (if not of the white race) Colored

Date of Birth, born March 4, 1885

Place of Birth, (Street and Number) Walnut Alley No 13

Full Name of Mother,

Mother's Maiden Name, Sarah Hearn

Mother's Birthplace, Baltimore City Md

Full Name of Father, Thomas DeBeltcher

Father's Occupation, Laborer

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return Mary Ann Hearn

Address, No 13 Walnut Alley

Remarks, Sound and healthy

RETURN OF A BIRTH. 77927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 4 March 1885

4. Place of Birth, (Street and Number) 42 N. Bond St.

5. Full Name of Mother, Justina Horney

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Horney

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, The Rev. Mr. [illegible]

Address, 48 N. Bond St.

Remarks, [illegible]



or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 77928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

11 March

4. Place of Birth, (Street and Number)

Charlton 4002

5. Full Name of Mother,

Jane Babler

6. Mother's Maiden Name,

Jane Garet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Babler

9. Father's Occupation,

Laber

10. Father's Birthplace,

Carlisle Pa

Name of Medical Attendant, or other Person who makes this Return.

J. L. Landon

Address,

55 Schuch St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

march 1st

4. Place of Birth, (Street and Number)

no 42 church st

5. Full Name of Mother,

sarah collins

6. Mother's Maiden Name,

sarah Brown

7. Mother's Birthplace,

queensland county

8. Full Name of Father,

james J collins

9. Father's Occupation,

pack marble

10. Father's Birthplace,

sitting of Washington

Name of Medical Attendant,

or other Person who makes this Return

miss Lydia Porter

Address,

no 14 1/2 apt 1 Co Avenue

Remarks,

healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) March 4, 1885

3. Date of Birth,

4. Place of Birth, (Street and Number) N. W. corner of Chas & Dallas sts.

5. Full Name of Mother, Emma Mans

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, John Mans

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, 45 Walker St. Balto. Md

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

54

1 ☒ Male, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21

4. Place of Birth, (Street and Number)

12 Johnson St

5. Full Name of Mother,

Margaret Jane Williamson

6. Mother's Maiden Name,

Lea

7. Mother's Birthplace,

Greenwich, Md.

8. Full Name of Father,

Wm. Williamson

9. Father's Occupation,

Captain

10. Father's Birthplace,

Galvest Island

Name of Medical Attendant,

or other Person who makes this Return

Dr. Clark

Address,

Remarks,

RETURN OF A BIRTH. 77932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.), *C. L. Field*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *Wednesday Mar. 4. 1885*
 4. Place of Birth, (Street and Number) *102 Collins. Court. Balto*
 5. Full Name of Mother, *Mr Polina Schimminger*
 6. Mother's Maiden Name, *Polina Grinder*
 7. Mother's Birthplace, *Balto City*
 8. Full Name of Father, *Herman Schimminger*
 9. Father's Occupation, *Garbage Cart*
 10. Father's Birthplace, *Balto City*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Hunter*
 Address, *21 No Pappleton St*
 Remarks,

for each offence to be recovered as other fine and to be paid to the Registrar

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5, 1885

4. Place of Birth, (Street and Number)

No. 384 East Madison Street

5. Full Name of Mother,

Mrs Rosa Troeger

6. Mother's Maiden Name,

Miss Rosa Wright

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Andrew Troeger

9. Father's Occupation,

Librarian Peabody Institute

10. Father's Birthplace,

Germany

Name of Medical Attendant,

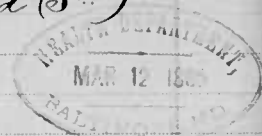
or other Person who makes this return

Wm. H. Clendinea M.D.

Address,

No. 102 N. Bwa Dray

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

See Child
Female
White

March 5 1885

17. Park Street Baltimore

Elmira Rowe

Townsend

Charles County

Henry Rowe

Stillman

Baltimore City

Mr. Wiley 12.

Patterson Park Ave.

for each offence to be recovered as other laws and regulations in this respect.

RETURN OF A BIRTH 779³⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d Child*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *5th of March 1885*
 Place of Birth, (Street and Number) *N. Front St. No 185*
 Full Name of Mother, *Mechama Doba Freid*
 Mother's Maiden Name, *Mechama Doba Barr.*
 Mother's Birthplace, *Russia*
 Full Name of Father, *Ezer Freid*
 Father's Occupation, *Sleep-shoe maker*
 Father's Birthplace, *Russia*
 Name of Medical Attendant, or other Person who makes this Return, *Rebecca Dan J. Yushman.*
 Address, *No 6 Broad Alley.*
 Remarks,

RETURN OF A BIRTH

779.36

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Male
White

Race or Color, (if not of the white race)

Date of Birth,

March 5 1882

Place of Birth, (Street and Number)

89 1/2 Harrison St

Full Name of Mother,

Rice Neiman Seidman

Mother's Maiden Name,

Rice Neiman

Mother's Birthplace,

Russia

Full Name of Father,

Abraham Seidman

Father's Occupation,

Presser

Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs Joseph Levy

Address,

No 6 Broad Alley

Remarks,

Baltimore Md

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 Sex, (state whether male or female) *female*
 Race or Color, (if not of the white race) *colored*
 Date of Birth, *5th day of march*
 Place of Birth, (Street and Number) *Dover Street 926*
 Full Name of Mother, *Annie Elizabeth Thomas*
 Mother's Maiden Name, *Annie Elizabeth Jefferson*
 Mother's Birthplace, *Baltimore City*
 Full Name of Father, *Stephen Thomas*
 Father's Occupation, *Plans*
 Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return, *Mary Jane Richardson*
 Address, *No 926 Dover Street*
 Remarks, *Mother and child doing well.*

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH 77938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

March 8 1885

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

March 5 1885

Place of Birth, (Street and Number)

33 O'Donnell St Canton

Full Name of Mother,

Mary Brill

Mother's Maiden Name,

Mary Fisher

Mother's Birthplace,

Baltimore

Full Name of Father,

Herman Brill

Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Louie Smith

Address,

name of the child Clara Brill

Remarks,

RETURN OF A BIRTH 77939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

314

(state whether male or female)

Female

Race or Color, (if not of the white race)

W

Date of Birth,

March 5th

Place of Birth, (Street and Number)

47 Ramsey St

Full Name of Mother,

Maggie Murphy

Mother's Maiden Name,

Hunt

Mother's Birthplace,

Baltimore

Full Name of Father,

John Murphy

Father's Occupation,

Laborer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Higgins

Address,

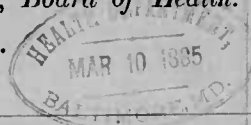
112 Scott St

Remarks,

RETURN OF A BIRTH, 77940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Thursday 5th of March 1885

4. Place of Birth, (Street and Number) No 96, Payson St

5. Full Name of Mother Maggie Grubinger

6. Mother's Maiden Name Maggie Brooks

7. Mother's Birthplace Germany

8. Full Name of Father Charles Grubinger

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Sell

Address No 27 Bantates St

Remarks

RETURN OF A BIRTH

77941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) *Little Boy*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *5th of March 1885*

4. Place of Birth, (Street and Number) *Born Baltimore Engel st city*

5. Full Name of Mother, *Mrs. Vifouimblei*

6. Mother's Maiden Name, *Miss Sieff*

7. Mother's Birthplace, *Born West Prussia Germany*

8. Full Name of Father, *Mr. Vifouimblei*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Born West Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Keller*

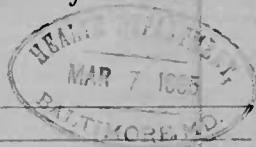
Address, *1017 West Pratt st city*

Remarks,

RETURN OF A BIRTH, 77942

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
White
March 5th 85
S. Carey St near Calverton Ave
Sarah Morgan
Sarah Dolan
Baltimore Md.
Richard Morgan
Laborer
Baltimore Md
Dr. H. H. Hall
Mt Vernon, Baltimore Co - Md.

RETURN OF A BIRTH 77943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 5 1885
4. Place of Birth, (Street and Number) 96 Cross St.
5. Full Name of Mother, Henry Hartman
6. Mother's Maiden Name, Eiser
7. Mother's Birthplace, America
8. Full Name of Father, George Hartman
9. Father's Occupation, Laborer
10. Father's Birthplace, America
Name of Medical Attendant, or other Person who makes this Return, J. Schwasser midwife
Address, 336 Hanover St.
Remarks,

RETURN OF A BIRTH. 77944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *3-5-85*

4. Place of Birth, (Street and Number) *Maternity Hospital*

5. Full Name of Mother, *Carrie Elick*

6. Mother's Maiden Name, " "

7. Mother's Birthplace, *Mod.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who make this Return.

J. P. Nordmann M.D.

Address, _____

Remarks, _____

RETURN OF A BIRTH

77945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

Sex, (state whether male or female)

Male

MAR 7 1895

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6 1895

4. Place of Birth, (Street and Number)

117 William St.

5. Full Name of Mother,

Elizabeth Bertermann

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

America

8. Full Name of Father,

Frank Bertermann

9. Father's Occupation,

Baker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH 77946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 11th 1888

4. Place of Birth, (Street and Number)

27 Willie St.

5. Full Name of Mother,

Alle H. Duff

6. Mother's Maiden Name,

Duff

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Bernard Duff

9. Father's Occupation,

Back Smith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Josephine Conrad

Address,

Remarks,

20 Barnes

RETURN OF A BIRTH 77947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3rd 1885
4. Place of Birth, (Street and Number) Balto City No 271 Preston St
5. Full Name of Mother, Rosa Linberry
6. Mother's Maiden Name, Rosa Pratt
7. Mother's Birthplace, Balto City
8. Full Name of Father, John T. Linberry
9. Father's Occupation, Porter
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other Person who makes this Return, Mrs. C. M. Johnson
Address, 14. Tyson St
Remarks,

RETURN OF A BIRTH

77948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
Sex, (state whether male or female) *female*
Race or Color, (if not of the white race) _____
Date of Birth, *March 4, 1885*
Place of Birth, (Street and Number) *338 N. Carroll St*
Full Name of Mother, *Mary T. Gossage*
Mother's Maiden Name, *Stroughn*
Mother's Birthplace, *Baltimore City*
Full Name of Father, *Harry L. Gossage*
Father's Occupation, *Painter*
Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this return *C. H. Thomas M.D.*
Address, *66 E Baltimore St*
Remarks, _____

RETURN OF A BIRTH 77949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March the 15th 1875*
4. Place of Birth, (Street and Number) *William St. at No. 147*
5. Full Name of Mother, *Elizabeth Yal*
6. Mother's Maiden Name, *Elizabeth Flanours*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Stephen Shul*
9. Father's Occupation, *Cabinet Maker*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return, *Amille Bange*
Address, *426 Green St.*
Remarks,

RETURN OF A BIRTH 77950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, March 6th 1885

4. Place of Birth, (Street and Number) 9 Carlton St

5. Full Name of Mother, Emma Boardley

6. Mother's Maiden Name, Emma Phillips

7. Mother's Birthplace, Virginia

8. Full Name of Father, James Boardley

9. Father's Occupation, Wagoner

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Dr. J. D. Dutton

Address, 9 Carlton St

Remarks,

RETURN OF A BIRTH. 77951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 3 Child
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

The 6 of March 1885

4. Place of Birth, (Street and Number)

No 348 Lisquith St.

5. Full Name of Mother,

M. Wilhelmina Vogel

6. Mother's Maiden Name,

Wilhelmina Feigler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Vogel

9. Father's Occupation,

Cabinetmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs C. H. Lutz

Address,

No 123 Maryland Ave

Remarks,

Bal. Md.

1885

RETURN OF A BIRTH 7/952

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

March 6" 1885

Place of Birth, (Street and Number)

180 Columbia Avenue

Full Name of Mother,

Maggie Dennis

Mother's Maiden Name, ...

Maggie Crook

Mother's Birthplace,

Balto Md

Full Name of Father,

Andrew H. Dennis

Father's Occupation,

Confectioner

Father's Birthplace.

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D.

Address,

131 Columbia Ave

Remarks,

RETURN OF A BIRTH 77753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

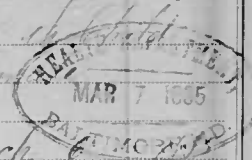
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 6
310 S. Charles St.
Jeanetta Koenig
Meyer
Germany
Simon Koenig
Clerk
Germany
J. Schwappert midwife
530 Hanover St.

RETURN OF A BIRTH. 7/954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *This Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *The 6 of March 1885*

4. Place of Birth, (Street and Number) *No 195 East Eager*

5. Full Name of Mother, *Kate Koll*

6. Mother's Maiden Name, *Kate A Wilhelm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Koll*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs C. H. Lauer*

Address, *No 173 Hazard Ave*

Remarks, *Baltimore Md*
1885

RETURN OF A BIRTH

77950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, March 6th 1883
Place of Birth, (Street and Number) 139 North Stricker St
Full Name of Mother, Mattie Holland Richardson
Mother's Maiden Name, Mattie Holland
Mother's Birthplace, Baltimore County, Md.
Full Name of Father, William Richardson
Father's Occupation, Salesman
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.
Address, 326 N. Eutaw St
Remarks.

RETURN OF A BIRTH. 77956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th. 1885*

4. Place of Birth, (Street and Number) *1101 Wolfe St. No. 34*

5. Full Name of Mother, *Anna Schleisner*

6. Mother's Maiden Name, *Anna Schwarzkopf*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Georg Schleisner*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *Harry E. Miller*

Address, *1 Dallas St. No. 26*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Albert *Schauman*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
May 16 1885
12 Hill St
Mrs S Schauman
" " Johnson
Richmond, Va
Albert Schauman
Boeing Store
Baltimore
Wheeler Cooke M.D.
146 Hazard St

RETURN OF A BIRTH ⁷⁷⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6 March

4. Place of Birth, (Street and Number)

24 Hamstead

5. Full Name of Mother,

Sophia Sang

6. Mother's Maiden Name,

Nare

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Sang

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Sarah C. Esper

Address,

22 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

22

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th Mch 1881

4. Place of Birth, (Street and Number)

209 Ind Avenue

5. Full Name of Mother,

Clara B. Locke Boyd

6. Mother's Maiden Name,

Locke

7. Mother's Birthplace,

New York

8. Full Name of Father,

Chas D. Boyd

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

the other Person who makes this Return

A. M. Wood Jr M.D.

Address,

118 Hamilton St

Remarks,

RETURN OF A BIRTH ^{7796a}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd} *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th*

4. Place of Birth, (Street and Number) *No. 259th Cleve St*

5. Full Name of Mother, *Katie Kehl*

6. Mother's Maiden Name, *" Wöhrlin*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Henry Kehl*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Sophia Simon*

Address, *No. 70 Granby St*

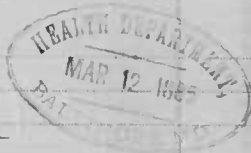
Remarks,

RETURN OF A BIRTH.

77961

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6 th 1885
4. Place of Birth (Street and Number)	328 Madison Ave.
5. Full Name of Mother	Bettie H. Armstrong
6. Mother's Maiden Name	Bettie H. Blair
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John B. Armstrong
9. Father's Occupation	Driver
10. Father's Birthplace	Wend County Ind.
Name of Medical Attendant, or other Person who makes this Return.	Wm. Allen M.D.
Address	270 E. Charles St.
Remarks	



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second 12 1885

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 6th

1885

4. Place of Birth, (Street and Number)

10 Rock

St

5. Full Name of Mother,

Ellen McLaughlin

6. Mother's Maiden Name,

Ellen Boulter

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles McLaughlin

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Susan Hensley

Address,

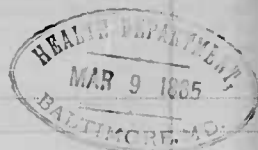
2110 Poppleton St

Remarks,

RETURN OF A BIRTH.

77963

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 7th: 9: 2 M -

4. Place of Birth (Street and Number)

84 W. Chase St

5. Full Name of Mother

Bessy Aben

6. Mother's Maiden Name

Lamberton

7. Mother's Birthplace

Balti. City Md

8. Full Name of Father

Eustace Aben

9. Father's Occupation

Banker

10. Father's Birthplace

Balti. City Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Finkleman
178 Madison St. Balt.

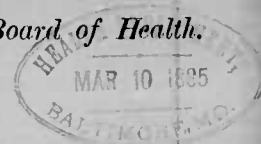
Address

Remarks

RETURN OF A BIRTH, 77964

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Monday March 7th 1885
4. Place of Birth, (Street and Number) No 205 Frederick Ave.
5. Full Name of Mother Minna Meier
6. Mother's Maiden Name Minna Hadejski
7. Mother's Birthplace Germany
8. Full Name of Father William Meier
9. Father's Occupation Beer Brewer
10. Father's Birthplace Germany
☒ One of Medical Attendant, or other Person who makes this Return. Anthony Mello
Address No 57 Bantalan St.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*G. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

1. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

This Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

The 7th of March 1885

4. Place of Birth, (Street and Number)

No. 41 East Eager

5. Full Name of Mother,

Annie Mallard Giller

6. Mother's Maiden Name,

Annie Malinda Gayer

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John Giller

9. Father's Occupation,

Wood Finisher and Painter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ch. Lauer

Address,

No 173 Maryland Ave

Remarks,

Baltimore Md.

1885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth (10)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 7th

4. Place of Birth, (Street and Number)

Baltimore, Saratoga St. 181

5. Full Name of Mother,

Anna Maria Slaff

6. Mother's Maiden Name,

Anna Maria Tucker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Anton Slaff

9. Father's Occupation,

Scavenger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wootton

Address,

120 Greenmount Av
C.K.

Remarks,

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 77968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 8 Mar 1885

4. Place of Birth, (Street and Number) 121 N Washington St

5. Full Name of Mother, Mary Struben

6. Mother's Maiden Name, Mary Mashek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Sam Struben

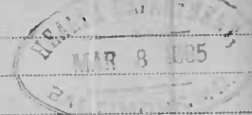
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptel

Address, 69 N Washington St

Remarks, Mary Koptel



RETURN OF A BIRTH. 777/9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 Mar 1885

4. Place of Birth, (Street and Number) 593 Chapel St

5. Full Name of Mother, Mary Mitchell

6. Mother's Maiden Name, Mary Korba

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Mel Mitchell

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kopelitz

Address, 59 N. Washington St

Remarks, Mary Kopelitz

RETURN OF A BIRTH. 77970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 8 Mar 1885

4. Place of Birth, (Street and Number) No 505 Eager

5. Full Name of Mother, Josephine Pinkas

6. Mother's Maiden Name, Josephine Harnusson

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jas Pinkas

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Leffert

Address, 69 N Washington St

Remarks, Mary Leffert



or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, and for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 77971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 8 1885

4. Place of Birth, (Street and Number) 177 Chas. St

5. Full Name of Mother, Mary Eblon

6. Mother's Maiden Name, Anna Lipa

7. Mother's Birthplace, Bohemia

8. Full Name of Father, A. J. Eblon

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary E. Eblon

Address, 67 N. Washington St

Remarks, Mary E. Eblon



RETURN OF A BIRTH 77972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Little Boy*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *8th of March 1885*
4. Place of Birth, (Street and Number) *Born Baltimore No 27 Frederick St*
5. Full Name of Mother, *Mrs Schellenschlager*
6. Mother's Maiden Name, *Mrs Margaret Wiere*
7. Mother's Birthplace, *Born in Baltimore city*
8. Full Name of Father, *Mrs John Wiere*
9. Father's Occupation, *Potter by Trade*
10. Father's Birthplace, *Born West Prussian Germany*
Name of Medical Attendant, or other Person who makes this Return, *Mrs Keller*
Address, *1017 west Pratt st city*
Remarks,

RETURN OF A BIRTH, 77973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White race.
3. Date of Birth March, 1885.
4. Place of Birth, (Street and Number) 285. Hanger St.
5. Full Name of Mother Mary W. Craig,
6. Mother's Maiden Name Kings,
7. Mother's Birthplace Washington, D.C.
8. Full Name of Father Marion W. Craig,
9. Father's Occupation Glass Cutter
10. Father's Birthplace Balto. Md.
Name of Medical Attendant, or other Person who makes this Return. Annie Greene
Address 634. Light St.
Remarks

RETURN OF A BIRTH, 77974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d.*

1. Sex (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White, race.*

3. Date of Birth *March, 1885.*

4. Place of Birth, (Street and Number) *No. 706 Light St.*

5. Full Name of Mother *Harlie Macdstocke.*

6. Mother's Maiden Name *" Ward.*

7. Mother's Birthplace *Balt. Md.*

8. Full Name of Father *John Macdstocke.*

9. Father's Occupation *Labour man.*

10. Father's Birthplace *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Annie Greene*

Address *634 Light St.*

Remarks

RETURN OF A BIRTH 77975

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, March 8th 1885

Place of Birth, (Street and Number) No 38 Byrd St

Full Name of Mother, Amelia Chandler

Mother's Maiden Name, Amelia Hoge

Mother's Birthplace, Baltimore

Full Name of Father, Peat Chandler

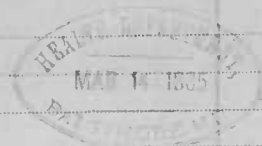
Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Horning

Address, No 18 Byrd St

Remarks,





CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 19th DAY Nov.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
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ENDING WITH #77975 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL